Community Health Needs Assessment
2021 Final Report

for the defined communities of

Penn Highlands Mon Valley

and

Washington Health System

As of 6-30-22

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Introduction

Qualifications

LRF Consulting, LLC, (LRF) was formed by Lee Rutledge-Falcione (the former executive director for Washington County Health Partners (WCHP)) after the dissolution of WCHP, to serve the needs of the hospitals that had contracted with WCHP to do five previous community health need assessments (CHNA), including the ones completed in 2012 and 2015 that were conducted following the Internal Revenue Service's (IRS) guidelines. The 2021 and 2018 CHNAs follow the same methodology that was used for the 2015 and 2012 CHNAs conducted by WCHP but have been conducted by LRF. The 2021 CHNA was revised to reflect changes in the County Health Rankings' (CHR) conceptual model and HealthyPeople 2030's new baselines and goals.

Washington County Health Partners, Inc. (WCHP) originated in 1994 based on a county-wide health assessment that identified specific health issues. These health issues were identified through a mailed household survey, focus groups and review of available county health data. The survey was distributed to a randomly selected list of residents and consisted of lifestyle/behavioral questions, such as amount of exercise, type of nutrition, etc. The randomly selected list allowed its results to be generalized to represent the whole county.

These data were not available on the county level. The Pennsylvania Department of Health (PA DOH) does a similar annual survey (Behavioral Risk Factor Surveillance Survey, or BRFSS) by telephone that only provides state-level and geographic aggregate data. In addition, collection of current, primary data allowed WCHP control over the database to obtain detailed analysis on subpopulations through a statistical function known as cross tabulation. Local focus groups were completed to explore health needs and potential ways to address them.

WCHP's January 1996 report called for forming volunteer-led, collaborative task forces to address identified community health risks, including: access to care; mental illness/substance abuse (MISA); heart disease and stress; respiratory illness; and teenage pregnancy. More than 140 professionals and community residents volunteered to serve on the task forces and they presented action plans and began to implement activities in early 1997.

During 1999 and 2000, the PA DOH launched the State Health Improvement Plan (SHIP), which replaced a centralized statewide health planning process with community-based planning to address health problems at the local level. PA DOH recognized WCHP as a SHIP-affiliated, local community health initiative responsible for community health assessment and planning (now known as Health Improvement Plan Partner (HIPP)). An evaluation of the program's activities was undertaken during this same time period, and it was determined that a periodic assessment of the community's health must be conducted; providers must work collaboratively to achieve measurable outcomes; and both staff and funding resources were needed to enable the task forces to accomplish their goals.

In September 2000, Washington County Health Partners (WCHP) was incorporated as a not-for-profit entity and Lee Rutledge-Falcione was hired as Executive Director in 2001. Ms. Rutledge-Falcione holds a Master of Public Health from the University of Pittsburgh's Graduate School of Public Health. Her Bachelor of Science degree is in Biology from Cornell University, in Ithaca, New York. She served on the Pennsylvania (PA) Department of Health's State Health Improvement Plan Steering Committee (SHIP) and she has led the 2002, 2007 and 2012 community health assessments (CHA) for Washington County. As the former collaborative leader of southwestern PA's Tobacco Free Program from 2002 to 2013, she conducted assessments, implementation and program plans, and program evaluations in ten counties in southwestern Pennsylvania (PA) (Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington and Westmoreland Counties). Prior to joining WCHP, Ms. Rutledge-Falcione was employed as an Evaluation Specialist by Pittsburgh-based consultant firm and as a Project Director by a national consultant on CHAs. She worked on CHAs in Nebraska, New York, Pennsylvania and South Carolina and presented at National, State and County conferences on the subject.

Similarly to the 1994 health assessment, a mailed household survey, focus groups and review of available county health data was done in 2002. Focus groups provided in-depth information from groups either not reached by or not adequately represented by the survey results. WCHP appointed nine Board members and two outside individuals to a new, special committee of the Board called the Reassessment Committee. The survey instrument had 150 questions in seven sections (Characteristics, General Health, Health Insurance, Health Care, Lifestyle, Health Promotion/Disease Prevention, and Children's Health) and achieved a response of 40.3%.

WCHP staff analyzed the data and presented significant findings and points of interest to the Reassessment Committee. The committee studied the results and compared them to the 2000 United States Census to find that although sex, race, income, and household size were similar, respondents tended to be older and more educated. In addition, the small number of minority participants precluded further analysis according to race. Because of this, focus groups with youth, low literacy and Black audiences were held to provide qualitative data.

The results from the survey and focus groups were divided by topic and reviewed by the appropriate task forces to create summaries. WCHP's Board considered all of the data during a retreat on September 25, 2003 to assess the relevance of each task force, identify key areas of concern in Washington County's health status, and develop new task forces to address these issues. Guided by members of Executive Service Corps of Western Pennsylvania, the Board completed a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis for WCHP as a whole and for each of the task forces. Each task force was charged with reviewing and revising its SWOT analysis and creating its own strategic plan including development of a problem statement, goals and objectives, and action plans.

WCHP also used this retreat to assess each task force and create new ones to address emerging health issues identified by the assessment. It was determined that the Mental Illness/Substance

Abuse Task Force had met its original goals and was retired. Three new task forces were created to address newly identified health issues: Minority Health, Nutrition, and Tobacco Free.

During 2004 and 2005, WCHP's Executive Committee reviewed, discussed, and prioritized WCHP's strategic plan goals and recommended them for review by the entire Board. WCHP's Board approved the strategic plan in June 2006 and assigned each goal to a committee. Objective 1 under WCHP's Goal 2 specifies that a health assessment for Washington County be completed at least every five years. In addition, the PA DOH expanded its BRFSS to allow for SHIP-affiliated, local community health initiatives (such as WCHP) to participate in an over-sampling project that would result in County level data for the survey. Although the cost of the project was $45,000, the PA DOH only asked for a local cash contribution of $15,000. This project allowed for the collection of current, primary data and access to the database to obtain detailed analysis on subpopulations for the year 2007. In addition, WCHP held focus groups and used these data as well as the survey data to assess the relevance of each task force, identify key areas of concern in Washington County's health status, and develop new task forces to address these issues.

The Board of Directors' two-part retreat in the fall of 2009 resulted in the creation of an Ad Hoc Committee to make recommendations for structural changes. At that time, WCHP supported seven Board committees and nine task forces/programs. To reduce strain on board and task force members, as well as staff, suggestions were made to: move the assessment and planning committee into the Community Health Assessment work group; combine advocacy with the communications committee; rename the campaign committee to development; and combine the finance and personnel committees.

WCHP's Community Health Assessment work group became the core function from which all other activities flowed and WCHP expanded beyond a survey of risk behaviors and focus groups to include: mortality (death); morbidity (disease); economic; demographic; local program and best practice data; compiling resource guides and referral networks; and completing community leader and service provider structured interviews.

Since WCHP was already planning a fourth Community Health Assessment for 2012, both Monongahela Valley Hospital (now known as Penn Highlands Mon Valley) and The Washington Hospital (now known as Washington Health System) contracted with WCHP to perform their IRS-mandated CHNA in a collaborative effort beginning in January 2012. Both hospitals had agreed that WCHP was uniquely positioned to provide a quality assessment and a collaborative format to address identified needs. Details on the joint 2012 CHNA are found in the published report dated 6-28, 2013.

Both hospitals continued their collaboration to produce the 2015 CHNA with WCHP dated June 30, 2016. Following the loss of grant funding and unable to secure additional funds or grants, WCHP's board voted to dissolve in 2016 and ended staffed functions as of September 30, 2016.

Introduction

Collaborators and Community Definition

2021 Community Health Needs Assessment Collaborators

Penn Highlands Mon Valley (formerly known as Monongahela Valley Hospital) (PHMV) and Washington Health System (WHS: comprised of Washington Health System—Washington and Washington Health System—Greene) contracted with LRF Consulting, LLC (LRF) to perform a joint Community Health Needs Assessment (CHNA) in a collaborative effort beginning in February 2021.

Community Definition

Both PHMV and WHS agreed to continue to use the same 29 zip codes as their hospital defined community (HDC). Figure 1 illustrates the joint CHNA's identified community which is comprised of the following zip codes/places in their service areas:

- 15012/Belle Vernon
- 15021/Burgettstown
- 15022/Charleroi
- 15033/Donora
- 15057/McDonald
- 15062/Monessen
- 15063/Monongahela
- 15067/New Eagle
- 15089/West Newton
- 15301/Washington
- 15314/Bentleyville
- 15317/Canonsburg-McMurray
- 15320/Carmichaels
- 15321/Cecil
- 15322/Clarksville
- 15323/Claysville
- 15330/Eighty-Four
- 15332/Finleyville
- 15342/Houston
- 15344/Jefferson
- 15357/Rice's Landing
- 15367/Venetia
- 15370/Waynesburg
- 15417/Brownsville
- 15419/California
- 15423/Coal Center
- 15438/Fayette City
- 15473/Perryopolis
- 15477/Roscoe

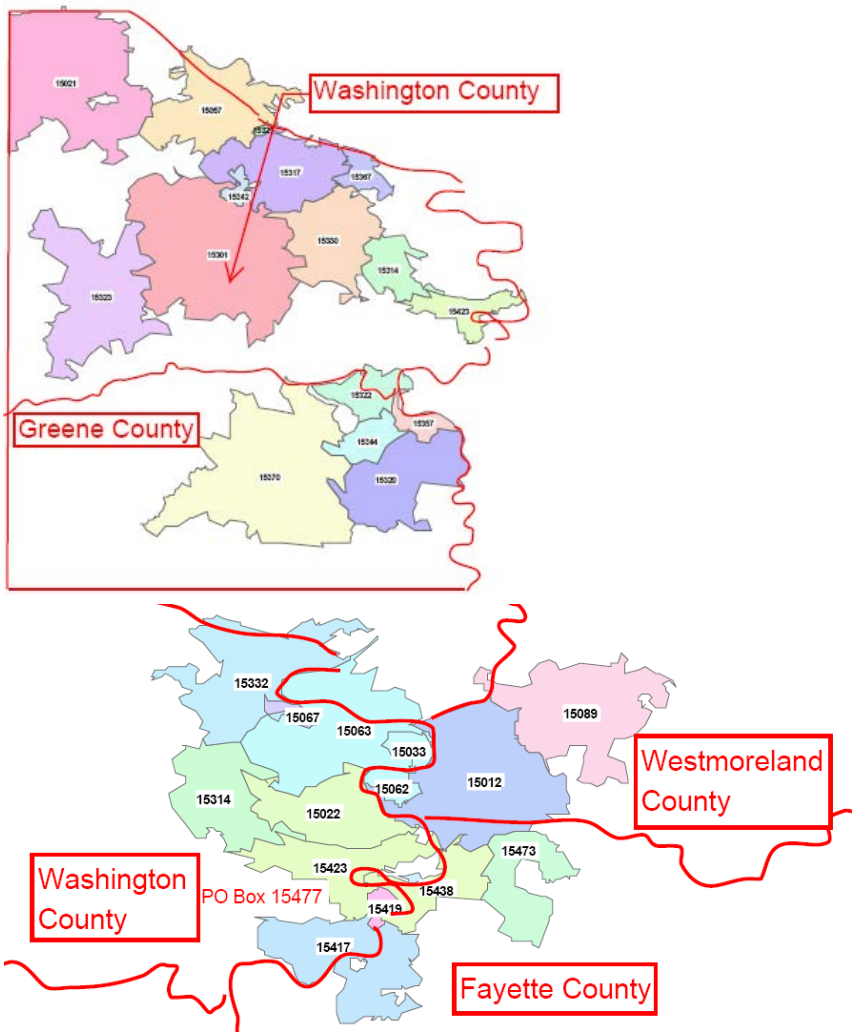


Figure 1: Community definition for 2021 joint Community Health Needs Assessment.

The population covered by these 29 zip codes numbers 252,494718 people according to the 2019 American Community Survey (ACS) five-year (2015-2019) estimates. Comparatively, Washington County's 2019 ACS five-year estimate population is 206,865 while the decennial 2020 count was 209,349. According to the 2019 ACS five-year estimates, the demographics of these 29 combined zip codes are similar to those of Washington County for sex, age, race, Latino background, marital status, highest educational attainment and poverty except for the age group of 65 to 74 year old (slightly lower in zip codes) and African American/Black race (slightly higher in zip codes). Please see Table 1 for a detailed comparison.

Table 1. Comparison of ACS 2019 Five-year demographics of 29 zip codes versus Washington County. Red indicates a statistically higher comparative percentage while green indicates a statistically lower one.

	ACS 2019 Five year average percent for zip codes	ACS 2019 Five year average percent for zip codes Confidence Interval	ACS 2019 Five year average percent for Washington County	ACS 2019 Five year average percent for Washington County Confidence Interval
Age				
18 to 24 years	8.6%	8.5%-8.6%	8.5%	8.4% - 8.6%
25 to 44 years	22.6%	22.4%-22.8%	22.5%	22.4% - 22.6%
45 to 54 years	13.6%	13.4%-13.7%	13.8%	13.7% - 13.9%
55 to 64 years	15.4%	15.3%-15.6%	15.5%	15.4% - 15.6%
65 to 74 years	11.1%	10.9%-11.2%	11.4%	11.3% - 11.5%
75 years and over	8.9%	8.8%-9.0%	8.8%	8.7% - 8.9%
Sex				
Male	49.3%	48.3%-50.2%	49.1%	49.0% - 49.2%
Female	50.7%	49.7%-51.7%	50.9%	50.8% - 51.0%
Maritial Status				
Now Married	51.6%	49.9%-53.3%	52.5%	51.7% - 53.3%
Divorced/Separated	12.4%	12.2%-12.7%	12.1%	11.6% - 12.6%
Widowed	7.4%	7.3%-7.5%	7.2%	6.9% - 7.5%
Never Married/Unmarried Couple	28.5%	27.7%-29.4%	28.2%	27.6% - 28.8%
Race				
African American/Black	3.6%	3.6%-3.7%	3.1%	2.9% - 3.3%
American Indian/Alaska Native	0.07%	0.07%-0.07%	0.1%	0.0% - 0.2%
Asian	1.3%	1.2%-1.3%	1.0%	0.9% - 1.1%
Native Hawaii/other Pacific Islander	0.02%	0.02%-0.02%	0.0%	-0.1% - 0.1%
Some other race	0.24%	0.24%-0.24%	0.2%	0.1% - 0.3%
More than one Race	2.1%	2.1%-2.2%	2.0%	1.8% - 2.2%
White	92.6%	90.9%-94.3%	93.60%	93.5% - 93.7%
Hispanic/Latino Background				
Yes	1.75%	1.72%-1.77%	1.7%	n/a
Highest school level completed				
Less than High School	7.2%	7.1%-7.4%	6.9%	6.5% - 7.3%
High School Graduate/GED	37.2%	35.9%-38.5%	37.3%	36.5% - 38.1%
Some College	25.7%	25.0%-26.5%	25.8%	25.1% - 26.5%
College or higher degree	29.8%	29.1%-30.5%	30.0%	29.3% - 30.7%
Poverty (100% below)				
Yes	10.0%	9.7%-10.4%	9.2%	8.7% - 9.7%

Community Health Needs Assessment Process

Logic Model and Methodology

Logic Model

Washington County Health Partner's (WCHP) assessment committee decided to use the 2010 County Health Rankings' ((CHR) created by Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute (UWPHI)) conceptual framework as a basis to identify measures and select weights that reflect a community's health for the 2012 and 2015 Community Health Needs Assessments (CHNA) and it was used by LRF Consulting LLC (LRF) for the 2018 CHNA. For the 2021 CHNA, LRF updated the model to the current CHR's 2014 version (see Figure 2).

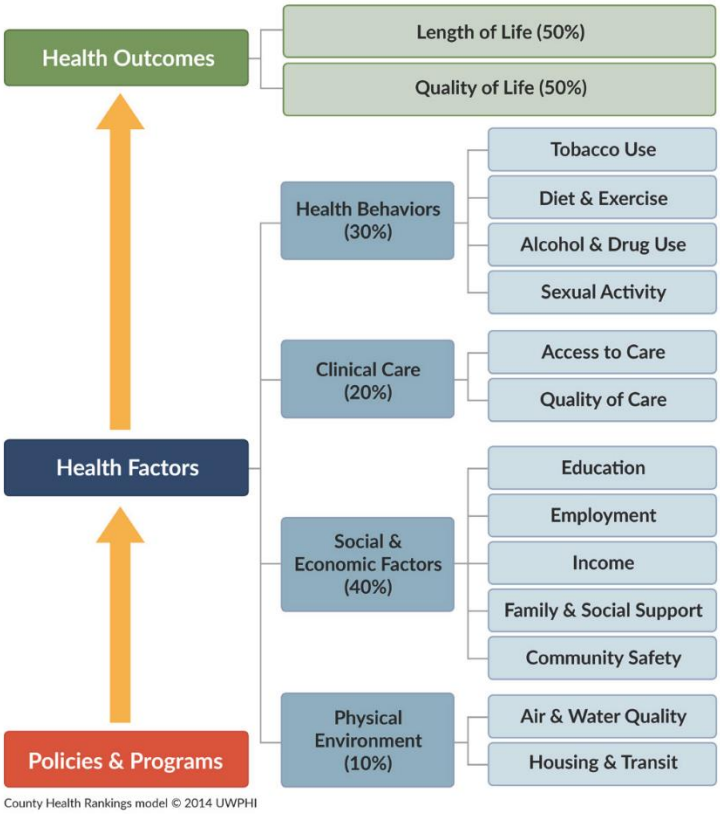


Figure 2: County Health Rankings 2014 conceptual model.

As in the previous CHNAs, it was determined to modify the 2021 CHR measures and weights that have been researched and validated by creating the 2030 Healthy Community™ Scores. The reasoning behind this decision was that, as UWPHI admits, rankings do not necessarily reflect statistically significant differences. In addition, a defined communities' rank could change based on what other communities do, rather than on what it does to affect change in health status. The 2030 Healthy Community™ Scores measure the "percent healthy" of the defined community based on HealthyPeople 2030 (HP2030) baselines and targets/goals for measures. Where there is no HP2030 defined baseline and/or target/goal, the 2018 (or most recent) United States (US) data are used for a baseline and a 10% improvement is defined as the target/goal. This provides a benchmark to determine needs (i.e., everything worse than the baseline is a need).

Like the CHR, there are two separate 2030 Healthy Community Summary Scores™--one to measure health outcomes (mortality and morbidity) and the other to measure health factors (health behaviors, clinical care, social/economic, physical environment). UWPHI believes that there are two

separate sets of messages to convey with these two rankings. One set addresses how healthy a county currently is (outcomes) and the other addresses how healthy a county might be in the future based on the many factors that influence health (factors).

LRF revised and updated Washington County Health Partners' (WCHP) 2020 Healthy Community™ Scores Logic Model to create the 2030 Healthy Community™ Scores Logic Model (see Figure 3) that defined the sixty measures used and their relationship to one another as well as their weight contribution to the summary scores. Some of the measures are the same as the CHR and use their data source and weights. These include: Low birth rate; Alcohol driving deaths; Chlamydia incidence; Uninsured adults; High school graduation; Some college; Unemployment; Single parent households; Social associations; Violent crime rate; Injury deaths; Severe housing problems; Driving alone to work; and Driving alone to work, long commute.

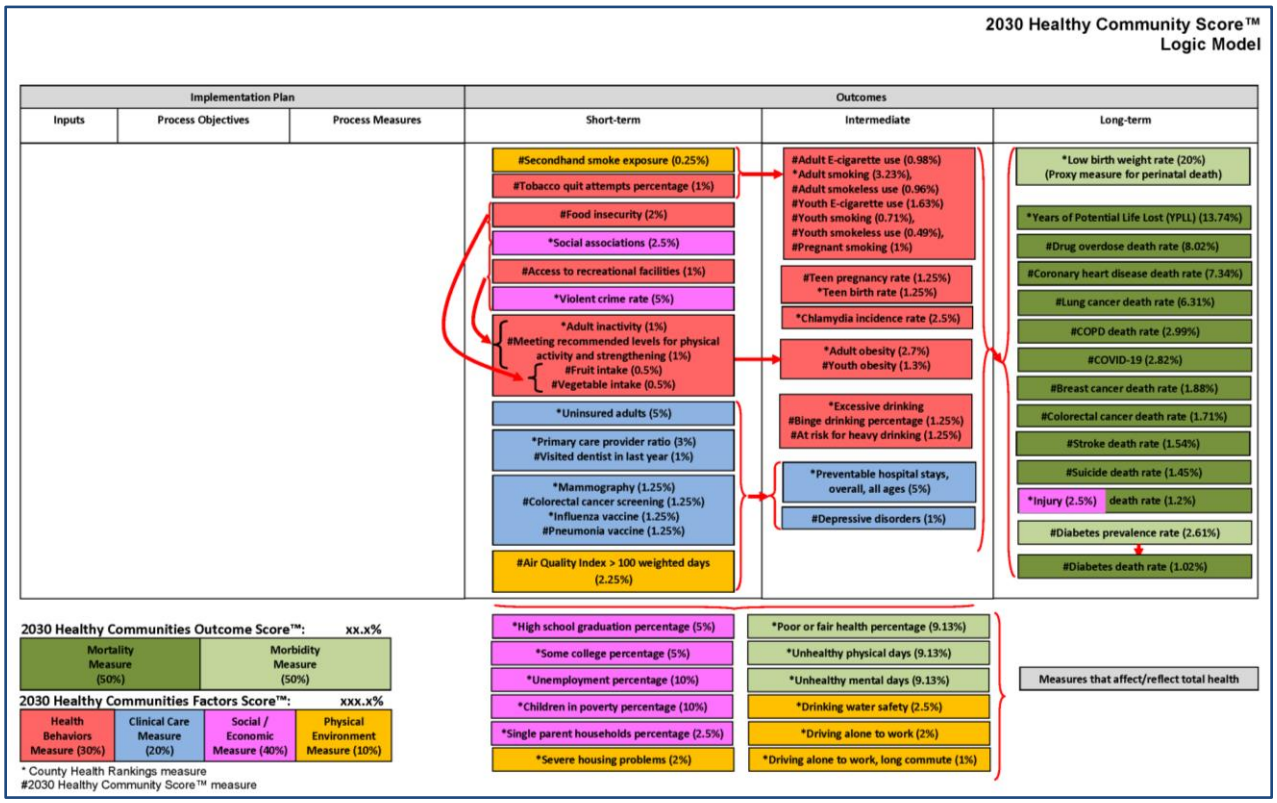


Figure 3: LRF Consulting, LLC 2030 Healthy Community Scores™ Logic Model.

The rest of the measures have been modified as described in the subsequent paragraphs for one of two reasons:

1. To enable the gathering of comparable data for different levels of geography (United States (US), Pennsylvania (PA) and Washington County (WC)); and
2. To assure that each measure matched its HealthyPeople 2030 benchmark.

Each modification was made with care to ensure, to the greatest extent possible, that the data were matched so that "apples were compared to apples." Modifications to the measures included the

following: data source, data set, years included, method of collection, weight assigned, whether the measure was aggregated or split and definition of measure. New measures have also been added and are also described in the following list:

1. Premature death, i.e., Years of Potential Life Lost (YPLL) before age 75 years (weight reduced to add specific death rates; US and PA data from *Web-based Injury Statistics Query and Reporting System (WISQARS)* data set while the Washington County rate was constructed by LRF with information from a PA death certificate data set) has been reduced from 50% to 13.74% to accommodate the addition specific death measures that were determined by analyzing Washington County deaths under age 75 for the year 2020 and calculating proportions:
    a. Drug overdose deaths (8.02%);
    b. Coronary health disease deaths (7.34%);
    c. Lung cancer deaths (6.31%),
    d. COPD deaths (2.99%);
    e. COVID-19 (2.82%);
    f. Female breast cancer deaths (1.88%);
    g. Colorectal cancer deaths (1.71%) and
    h. Stroke deaths (1.54%)
    i. Suicides (1.45%);
    j. Injury deaths (1.2%); and
    k. Diabetes deaths (1.02%);
2. Poor or fair health (weight reduced from 10% each to 9.13% each to accommodate the addition of diabetes prevalence at 2.61% (based on research into the proportion of the measure that diabetes causes) to allow for new diabetes prevalence measure);
3. Poor physical health days (data definition change from average number of days to percent with one or more days and weight reduced from 10% each to 9.13% each to accommodate the addition of diabetes prevalence at 2.61% (based on research into the proportion of the measure that diabetes causes) to allow for new diabetes prevalence measure);
4. Poor mental health days (same as previous);
5. Adult smoking has been reduced from 10% to 3.23% based on the contribution of each of the new measures added:
    a. Adult E-cigarette use (0.98%);
    b. Adult smokeless tobacco use (0.96%);
    c. Youth E-cigarette use (1.63%);
    d. Youth smoking (0.71%);
    e. Youth smokeless tobacco use (0.49%);
    f. Pregnant women smoking (1%); and
    g. Tobacco quit attempts (1%);
6. Adult obesity was reduced from 5% to 2.7% based on the contribution of each of the new measures added:
    a. Youth obesity (1.3%);
    b. Fruit intake (0.5%); and

   c. Vegetable intake (0.5%);
7. Food environment index was switched to Food insecurity for a trackable measure;
8. Physical inactivity weight was split evenly to allow the new measure of meeting recommended physical activity and muscle-strengthening levels (both 1%);
9. Access to exercise opportunities (uses a proprietary database and could not get US data) was switched to access to recreational facilities;
10. Excessive drinking weight was split evenly into binge drinking and at risk for heavy drinking to match HP2030 measures (both 1.25%);
11. Teen birth rate weight was split evenly to allow for new related measure of teen pregnancy (both 1.25%);
12. Primary care provider ratio (used different data source, Association of American Medical Colleges and definition change to count only those primary care physicians engaged in direct patient care with no age limit for US data);
13. Dental provider ratio was switched to percent of people who visited a dentist in the last year;
14. Mental provider ratio was switched to percent of people who have had a health provider tell them they were diagnosed with a depressive disorder;
15. Preventable hospital stays (definition change from over age 65 years to overall all ages and three data set changes from Medicare claims data to 1.) Agency for Healthcare Research and Quality (AHRQ) using all ages hospital discharge data for the US; 2.) Pennsylvania Health Care Cost Containment Council (PHC4) for PA data; and 3.) data from participating hospitals for the Hospital Defined Community (HDC));
16. Influenza vaccine weight was split evenly to add new measure of pneumonia vaccine and data source change from Medicare ages 65 and older to Behavioral Risk Factor Surveillance System (BRFSS) ages 65 and older (both 1.25%);
17. Mammography weight was split evenly to add new measure colorectal cancer screening and data source change from Medicare ages 65-74 to BRFSS ages 50-74 (both 1.25%);
18. Children living in poverty (weight was increased to 10% by eliminating the not trackable income inequality measure);
19. Average daily density of fine particulate matter was switched to weighted Air Quality Index (AQI) days above 100 to match HP2030 measures and weight reduced to 2.25% to allow for new measure of secondhand smoke exposure in homes at 0.25% based on population exposed; and
20. Drinking water violations (a yes/no result) was switched to percent of population with safe water (i.e., no violations) to match HP2030 measures.

Methodology

Secondary Data and Public Health Input

LRF collected quantitative secondary data for measures and included national, state and county geography levels when available. Due to the difficultly of locating sub-county level secondary data,

Washington County data was used to represent the hospitals' defined communities. The rationale for this was based on the demographic comparison on page nine of this report.

About ten years of trend data were collected for each measure as available and confidence intervals (CI) were used to determine significant differences between data points. For data not published with confidence intervals, LRF calculated them using the WHATIS program version 4.61 contained in the WinPepi statistical package version 11.65.[1] Specific source data and years for each measure are included in the results section with each measure.

Much of the secondary data used were primarily collected and analyzed by federal (e.g., Centers for Disease Control and Prevention (CDC), United States Census Bureau (USCB), etc.) entities and the Pennsylvania Department of Health (PA DOH). Much of the data originated from birth and death certificates, Behavioral Risk Factor Surveillance System (BRFSS) surveys and American Community Surveys (ACS).

To construct the 2030 Healthy Communities™ measure score, LRF defined the 0% to 100% range by subtracting the HP2030 target/goal value from HP2030 baseline for each measure. Where there is no HP2030 baseline or target goal, the US' 2018 (or most recent if not available) data value is defined as the baseline and a 10% improvement from the US' baseline is defined as the target goal. This 100% range then defines the baseline measure value as "0% healthy" and the target/goal measure value as "100% healthy." Percentages between 0 and 100 reflect progress toward the HP2030/10% improvement target/goal. Anything under 0% is "unhealthy" and defined as a significant health need. Percentages can go above 100% if the geography's value is even better than the HP2030/10% improvement target/goal. This provides a benchmark to determine needs (i.e., everything worse than the baseline (negatively scored) is a significant health need). To get the measure's contribution to the summary score, its percentage is multiplied by the weight assigned to it by the logic model.

Primary Data and Community Input

Quantitative primary data were collected to refine the 2030 Healthy Community Scores™ for the hospitals' defined community (HDC). The two major sources were hospital discharge data obtained from the hospitals for years 2018 to 2020 and a September/October 2021 mailed survey to the HDC with similar questions to the annual Behavioral Risk Factor Surveillance System (BRFSS) managed by the Centers for Disease Control and Prevention. Because asking the entire population to respond to the survey would be cost-prohibitive, a randomly chosen sample was constructed with a confidence level of 95% (typical is 95%). This means if the population was sampled 100 times, 95% of the time the population result would be what is presented in this report on the sample data. An overall confidence interval (CI) of 3.4% (typical is 5%) for 50% was obtained and defines the range of where the population result actually lies. It is used to compare the results obtained at different times

[1] *Abramson, J.H. WINPEPI updated: computer programs for epidemiologists, and their teaching potential. Epidemiologic Perspectives & Innovations 2011.*

and/or geographies to determine whether or not differences in the different results are either significantly higher, lower or the same. Using these two concepts together, a conservative estimate is that the report is 95% certain that the true result of the population is between -/+ 3.4% of the reported value. Since the CI value is also determined by the number of respondents reporting and the sample result percentage, the value of the CI will vary from question to question (+/-0.6% for a response at 1% to a +/-3.4% CI. for a 50% response).

A randomly chosen sample of 9000 households from the hospital defined community (HDC) were sent the mailed survey and 825 were returned. An undeliverable rate was not calculated by using a return service request and since the typical undeliverable percentage is 10%, a 9.2% to 10.2% response was achieved (typical is 10%).

The mailed survey data were inputted into PASW® 17.0 and weighted to the HDC's age and sex demographics to obtain representative data. The weights were derived from the 2019 American Community Survey (ACS) five-year (2015-2019) estimate data for the 29 zip codes in the HDC.

According to the 2019 ACS five-year estimate, the demographics of these combined zip codes are no different than those of the geographic, age and sex weighted survey data for:

1. Married and Divorced/Separated;
2. American Indian/Alaska Native and Asian;
3. Some College; and
4. Poverty.

The demographics of these combined zip codes are different than those of the weighted survey in the following:

1. Under-represented by Never Married; African American/Black, Some other Race and More than One Race; Hispanic/Latino; Less than High School and High School Graduate/GED
2. Over-represented by Widowed; White; College graduate and higher degrees.

This indicates the survey respondents under-represent Blacks, Latinos and people who have not married and are more educated than the HDC population. See Table 2 for details on the demographic comparisons. From this dataset, frequencies and cross-tabulations were obtained to analyze the data. Data used to refine corresponding measures in the 2030 Healthy Community Scores™ were age-adjusted to the US' 2000 population for comparability.

The mailed survey contained an open-ended question that asked respondents to indicate what health issue was most important in their community. This information was used in prioritization of health needs. For a further description, please see the Prioritization of Health Needs section of this report. The survey also asked respondents to self-identify their race; number of adults and children in the household; household yearly income (which had responses based on the 2021 federal poverty thresholds); and health insurance status. This information validated that input from low- income

Table 2. Comparison of ACS 2019 Five year demographics of 29 zip codes versus 2021 Age and Sex weighted 2021 Mailed Survey. Red indicates statistically higher comparative percentage while green indicates a statistically lower one.

Marital Status	Survey percent	Survey Confidence Interval	ACS 2019 Five year average percent for zip codes	ACS 2019 Five year average percent for zip codes Confidence Interval
Now Married	55.7	52.3-59.1	51.6	49.9-53.3
Divorced/Separated	10.3	8.4-12.5	12.4	12.2-12.7
Widowed	10.9	8.9-13.2	7.4	7.3-7.5
Never Married/Unmarried Couple	23.2	20.3-26.0	28.5	27.7-29.4
Race				
African American/Black	1.5	0.8-2.5	3.6	3.6-3.7
American Indian/Alaska Native	0.1	0-0.6	0.07	0.07-0.07
Asian	1.2	0.6-2.2	1.3	1.2-1.3
Native Hawaii/other Pacific Islander	0	0	0.02	0.02-0.02
Some other race	0	0	0.24	0.24-0.24
More than one Race	0	0	2.1	2.1-2.2
Not Sure	0.1	0-0.6	n/a	n/a
White	97.1	95.8-98.1	92.6	90.9-94.3
Hispanic/Latino Background				
Yes	0.8	0.4-1.7	1.75	1.72-1.77
Highest school level completed				
Less than High School	1.9	1.2-3.1	7.2	7.1-7.4
High School Graduate/GED	19.7	17.1-22.6	37.2	35.9-38.5
Some College	26.3	23.4-29.4	25.7	25.0-26.5
College or higher degree	52	48.6-55.4	29.8	29.1-30.5
Poverty (100% below)				
Yes	9.3	7.3-11.6	10	9.7-10.4

and medically underserved people were obtained. Low-income input was evidenced by the poverty estimate (derived from the answers to the number of household members and income questions) for the survey respondents being similar to the poverty estimate for the 2019 ACS five-year estimate data for the 29 zip codes in the HDC. Medically underserved people input also was obtained through the survey as 12% of the respondents cited health care issues (such as cost, access, insurance and wait times) as the most important issue in their community and the fact that only 95% (crude percentage) of the respondents reported having health insurance.

Hospital staff verified and updated internal assets while external assets, such as health care facilities and resources available to address needs, were updated and researched by LRF Consulting, LLC.[2] These results are available in the Identified Health Resources/Assets section in Appendix A.

[2] *Materials were reviewed by Debbie Roytas (Executive Director of the Wilfred R. Cameron Wellness Center), Sue Alrutz (Director of Rehabilitation Services) and Lynn Watson (Director of Continuum of Care) with Washington Health System (6-8-2022); Lisa Hruby (Assistant VP of Nursing), Margaret Timko (Stroke Care Coordinator), Karen Pritts (Diabetes Education Manager) and Corrine Laboone (Director of Community Relations) of Penn Highlands Mon Valley (4-27-22).*

Community Health Needs Assessment Process

Data Sources, Limitations and Data Gaps

Many data sources were used in the Community Health Needs Assessment (CHNA) process and are documented with each measure in the results section. All data have limitations. Limitations for each data source also are included in the results section. When there are data gaps, they are noted and explained under data limitations for the measure.

In general, quantitative secondary data gaps are due to the lag time the national and/or state data sources (such as death certificate data or Behavior Risk Factor Surveillance System (BRFSS) surveys) have between collecting and analyzing the information and their release.

Results

Summary Scores

Like the County Health Rankings (CHR), there are two separate 2030 Healthy Community Summary Scores™--one to measure health outcomes (mortality and morbidity) and the other to measure health factors (Health behaviors, clinical care, social/economic, physical environment). University of Wisconsin Population Health Institute (UWPHI) believes that there are two separate sets of messages to convey with these two rankings. One set addresses how healthy a county currently is (outcomes) and the other addresses how healthy a county might be in the future based on the many factors that influence health (factors).

As stated in the methodology section, each measure has been weighted to reflect its relative effect on health status. To construct the 2030 Healthy Communities™ measure score, LRF defined the 0% to 100% range by subtracting the HP2030 target/goal value from HP2030 baseline for each measure. Where there is no HP2030 baseline or target goal, the US' 2018 (or most recent if not available) data value is defined as the baseline and a 10% improvement from the US' baseline is defined as the target goal. This 100% range then defines the baseline measure value as "0% healthy" and the target/goal measure value as "100% healthy." Percentages between 0 and 100 reflect progress toward the HP2030/10% improvement target/goal. Anything under 0% is "unhealthy" and defined as a significant health need. Percentages can go above 100% if the geography's value is even better than the HP2030/10% improvement target/goal. This provides a benchmark to determine needs (i.e., everything worse than the baseline (negatively scored) is a significant health need). To get the measure's contribution to the summary score, its percentage is multiplied by the weight assigned to it by the logic model. 2030 Healthy Community Summary Scores ™ were calculated for three geographies to allow for comparison as shown in Table 3.

Table 3: 2030 Healthy Communities Summary Scores™ for the United States of America, Commonwealth of Pennsylvania and the Hospitals' Defined Community for 2021.

		The United States of America (US)	Commonwealth of Pennsylvania (PA)	Hospital Defined Community (HDC)
2030 Healthy Communities Outcomes Score™	**2021**	**25.3%**	**-81.4%**	**-119.7%**
2030 Healthy Communities Health Factors Score™	**2021**	**2.9%**	**-50.9%**	**10.0%**

Because each score is comprised of multiple data measures, it is helpful to compare each measurement score to pinpoint where intervention to increase the health status of the community is needed. For purposes of this assessment, negative measure scores were defined as identified significant health needs. The following section details each measure score for the hospitals' defined community (HDC) or the lowest level of geography available and reliable (such as Washington County (WC)) and highlights trends and statistically significant differences between geographies. Figure 4 on the next page highlights the different sections of each measure's results page and can guide in the interpretation of the data.

How to Read Results Pages

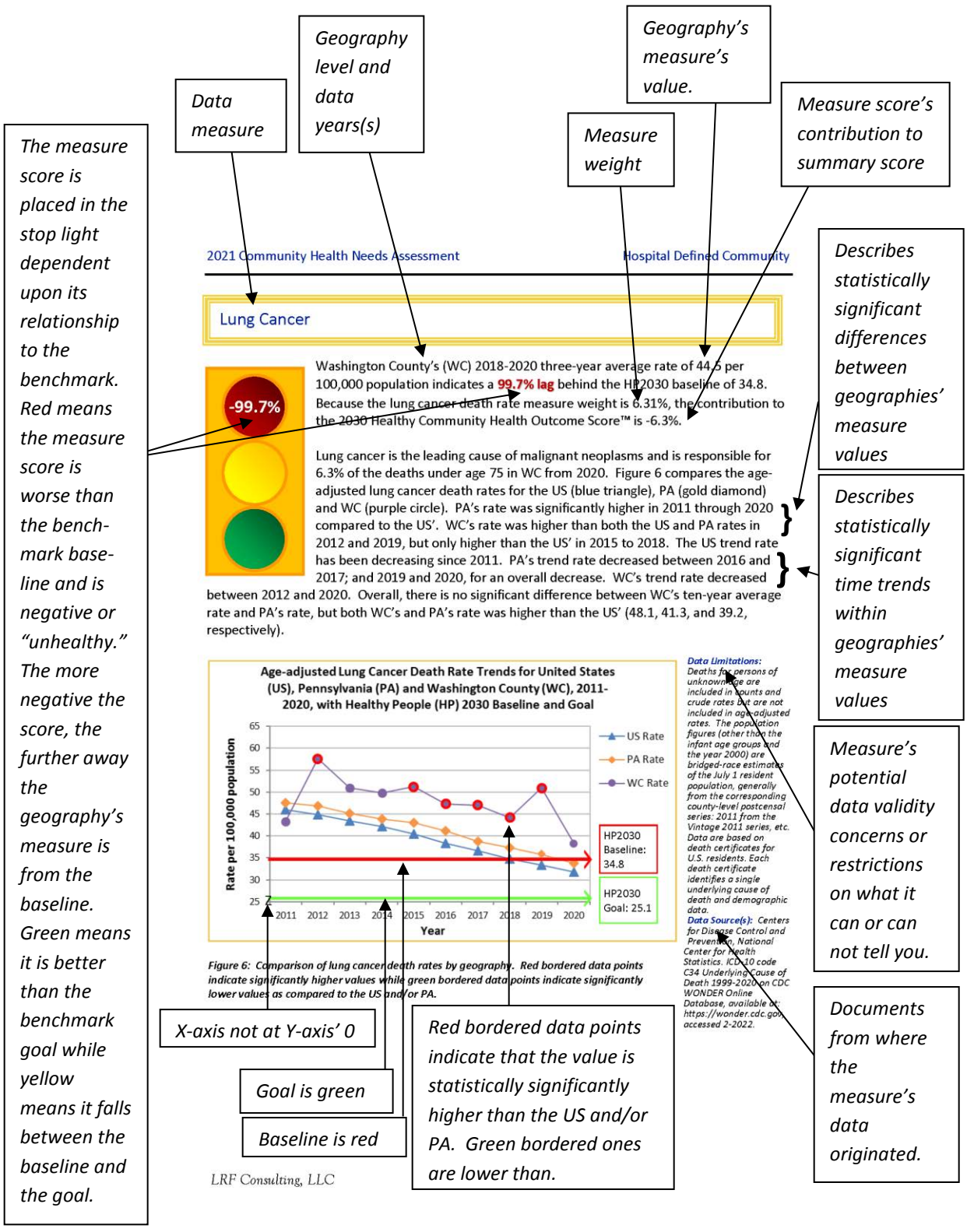
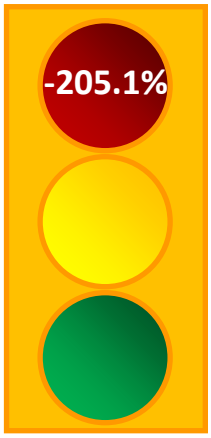


Figure 4: How to read result pages.

Results—Health Outcomes—Mortality

Years of Potential Life Lost (YPLL)



Washington County's (WC) 2018-2020 average rate of 8092 years per 100,000 population indicates a **205.1% lag** behind the US 2018 baseline of 6714.5. Because the YPLL measure weight is 13.74%, the contribution to the 2030 Healthy Community Health Outcome Score™ is -28.2%.

Age-adjusted YPLL-75 rates are commonly used to represent the frequency and distribution of premature deaths. Measuring premature mortality focuses attention on deaths that may have been prevented.[i] Figure 5 compares the age-adjusted YPLL rates for the United States (US, blue triangle), Pennsylvania (PA, gold diamond) and Washington County (WC, purple circle). PA's rate was significantly higher than the US' from 2011 to 2013 and 2015 to 2019. WC's rate was significantly lower in 2012 and 2014 compared to PA. WC's rates were significantly higher than both the US' and PA's rates from 2015 to 2020, but only higher than the US' in 2011. The trend for the US rate increased from 2016 to 2017 and 2019 to 2020 but decreased from 2017 through 2019. PA's increased from 2014 through 2017 and in 2020 but decreased from 2017 to 2019. WC's rate trend has decreased (2011, 2012, 2014 and 2018) and increased (2013, 2015, 2017, 2019 and 2020). Overall, all geographies have seen an increase from 2011 to 2020. WC's ten-year average rates are significantly higher than PA's and the US' and PA's is higher than the US' (7658.8, 7065.8 and 6720.3, respectively).

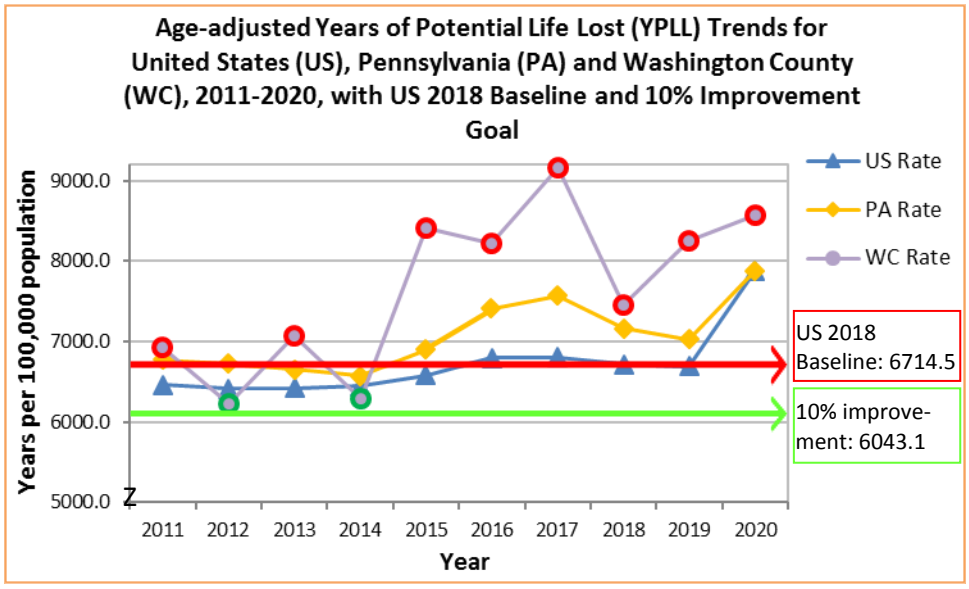
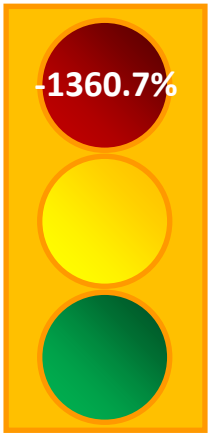


Figure 5: Comparison of YPLL rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

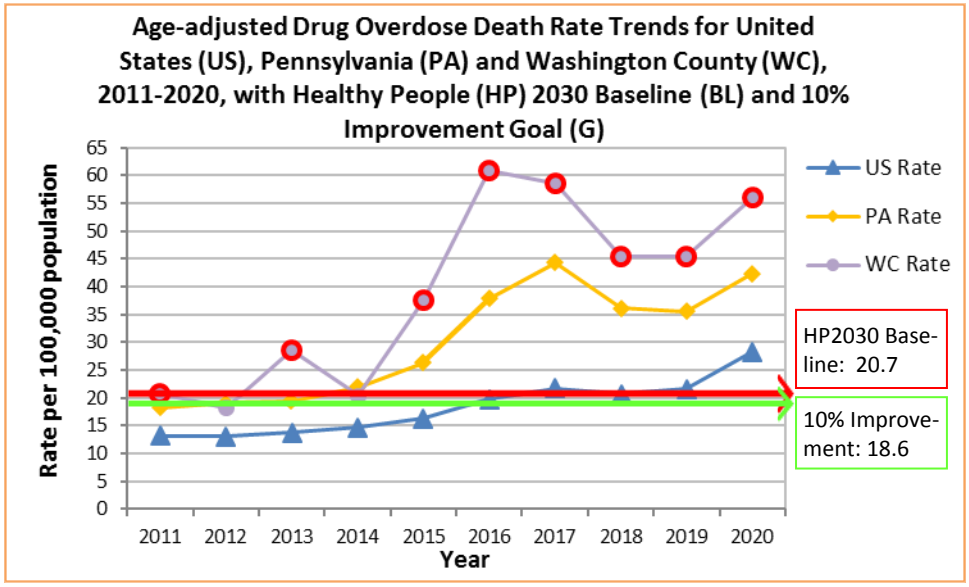
Data Limitations: *Deaths for persons of unknown age are included in counts and crude rates but are not included in age-adjusted rates. The population figures (other than the infant age groups and the year 2000) are bridged-race estimates of the July 1 resident population, generally from the corresponding county-level postcensal series: 2011 from the Vintage 2011 series, etc. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data.* ***For WC:*** *"These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions."* ***Data Source(s):*** ***For US and PA:*** *Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. Accessed 2-2022. Available from URL: https://wisqars.cdc.gov/ypll* ***For WC:*** *LRF Consulting, LLC calculated and age-adjusted using death data from PA's Department of Health's Pennsylvania Certificates of Death via EDDIE, (ENTERPRISE DATA DISSEMINATION INFORMATICS EXCHANGE), accessed online 2-2022. Except for year 2020 which was partially constructed with data from CDC WONDER.*

Drug Overdose Deaths



Washington County's (WC) 2018-2020 average rate of 48.9 per 100,000 population indicates a **1360.7% lag** behind the HP2030 baseline/target/goal of 20.7.[3] Because the drug overdose death rate measure weight is 8.02%, the contribution to the 2030 Healthy Community Health Outcome Score™ is -109.1%.

Drug overdose deaths are responsible for 8.02% of the deaths under age 75 in WC from 2020. Figure 6 compares the age-adjusted drug overdose death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were significantly higher in all years compared to the US'. WC's rates were higher than both the US' and PA's rates in 2013, 2015-2017 and 2020; and higher than the US' in 2011, 2018 and 2019. The US trend increased in all years except 2012 (static) and 2018 (decreased). PA's trend increased in 2011, 2014 through 2017, and in 2020. WC's trend increased in 2015 and in 2016. Overall, all geographies have seen an increase from 2011 to 2020. WC's ten-year average rate (39.1) was higher than both PA's and the US' (30.1 and 18.2, respectively) and PA's rate was higher than the US'.

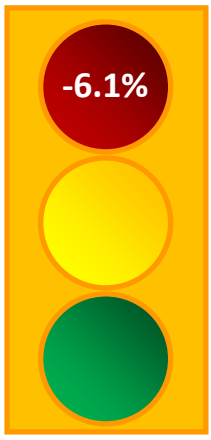


Data Limitations: *Same as previous.* ***Data Source(s):*** *Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death, UCD drug induced cause list X40-X44, X60-X64, X85, Y10-Y14; 1999-2020 on CDC WONDER Online Database, available at: https://wonder.cdc.gov, accessed 2-2022.*

Figure 6: Comparison of drug overdose death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

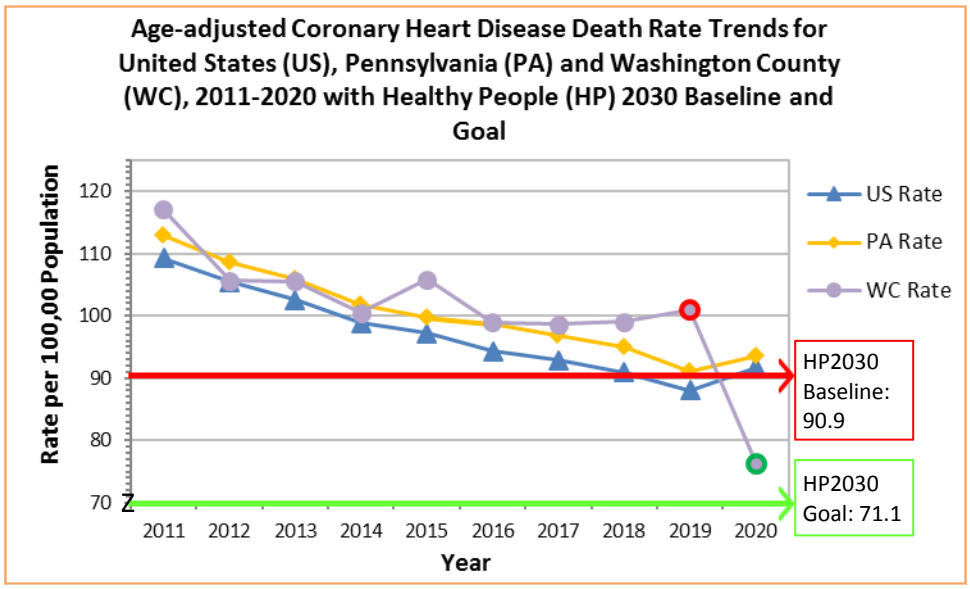
[3] *Because the HP2030 baseline and target/goal is the same value, in order to get a range for percent healthy, a 10% improvement goal was used instead.*

Coronary Heart Disease Deaths



Washington County's (WC) 2018-2020 average rate of 92.1 per 100,000 population indicates a **6.1% lag** behind the HP2030 baseline of 90.9. Because the coronary heart disease death rate measure weight is 7.34%, the contribution to the 2030 Healthy Community Health Outcome Score™ is -0.4%.

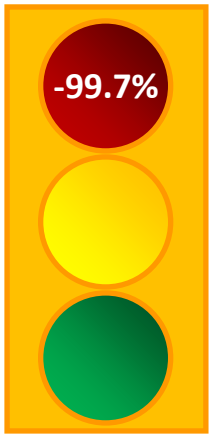
Diseases of the heart are the leading cause of death in the US with coronary heart disease as the most common type. It is responsible for 7.34% of the deaths under age 75 in WC from 2020. Figure 7 compares the age-adjusted coronary heart disease death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was higher for all years (except in 2020 where it was the same) compared to the US. There were no differences in WC's rates compared to the US' and PA's except for in 2019 where it was higher than the US and in 2020 where it was lower than both. The rate trend for the US has decreased every year since 2019 except 2020 when it increased. PA's rates decreased in 2012, 2014, and 2019. WC's rate trend decreased in 2020. Overall, all geographies have seen a decrease from 2011 to 2020. There was no difference between WC's ten-year average rate and both PA's and the US' rates, although PA's rate was higher than the US' (100.8, 100.4 and 97.1, respectively).



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous, but for ICD-10 codes I20-I25, accessed 2-2022.*

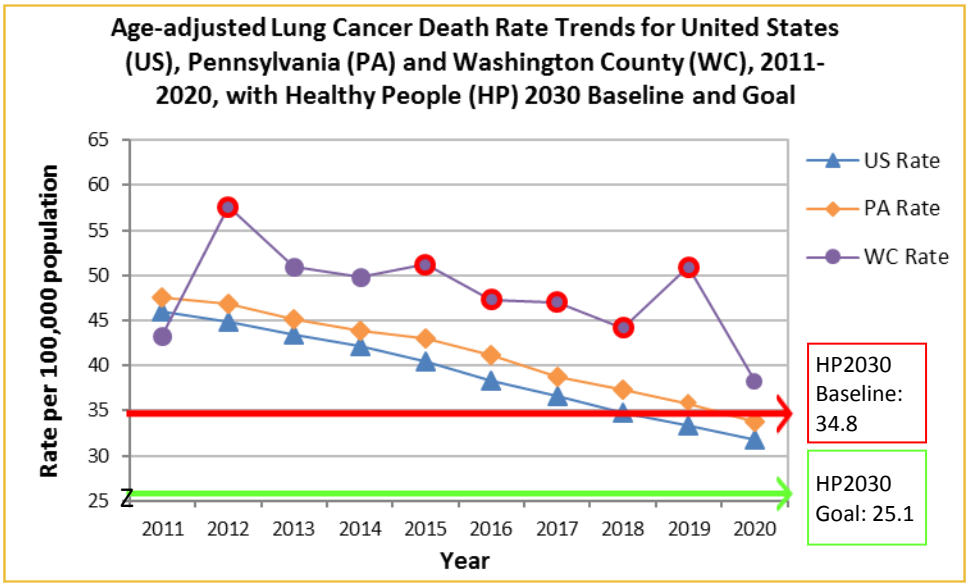
Figure 7: Comparison of coronary heart disease death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Lung Cancer Deaths



Washington County's (WC) 2018-2020 three-year average rate of 44.5 per 100,000 population indicates a **99.7% lag** behind the HP2030 baseline of 34.8. Because the lung cancer death rate measure weight is 6.31%, the contribution to the 2030 Healthy Community Health Outcome Score™ is -6.3%.

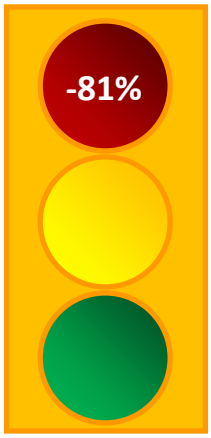
Lung cancer is the leading cause of malignant neoplasms and is responsible for 6.3% of the deaths under age 75 in WC from 2020. Figure 8 compares the age-adjusted lung cancer death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly higher in 2011 through 2020 compared to the US'. WC's rate was higher than both the US and PA rates in 2012 and 2019, but only higher than the US' in 2015 to 2018. The US trend rate has been decreasing since 2011. PA's trend rate decreased in 2017 and 2020, for an overall decrease. WC's trend rate decreased between 2012 and 2020, but overall remained static. Overall, there was no difference between WC's ten-year average rate and PA's rate, but both WC's and PA's rates were higher than the US' (48.1, 41.3, and 39.2, respectively).



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous, but for ICD-10 code C34, accessed 2-2022.*

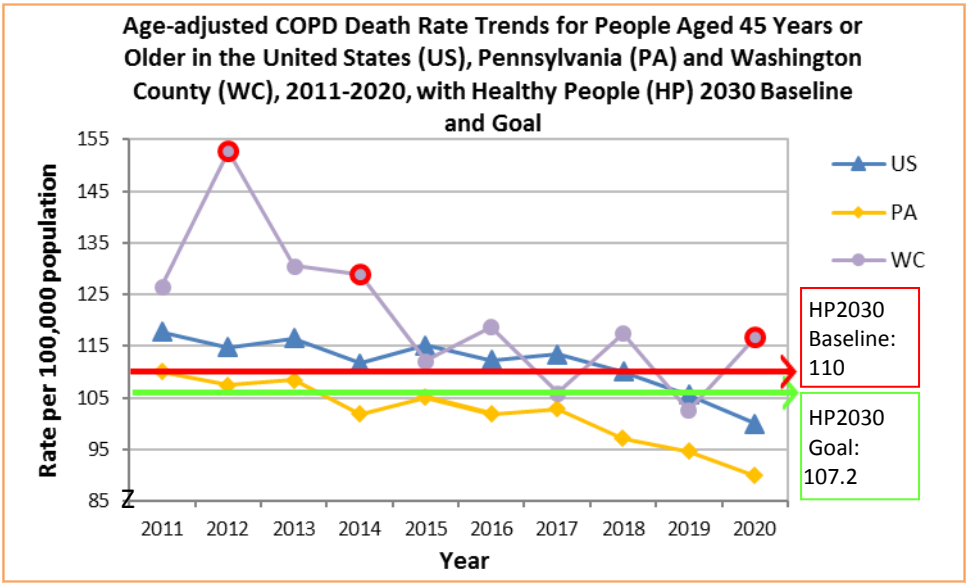
Figure 8: Comparison of lung cancer death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

COPD Deaths



Washington County's (WC) 2018-2020 average rate of 112.3 per 100,000 population aged 45 years and older indicates a **81% lag** behind the HP2030 baseline of 110. Because the COPD death rate measure weight is 2.99%, the contribution to the 2030 Healthy Community Health Outcome Score™ is -2.4%.

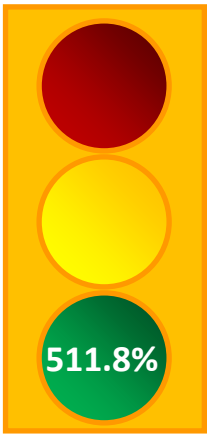
COPD is responsible for 2.99% of the deaths under age 75 in WC from 2020. Figure 9 compares the age-adjusted COPD death rates for those aged 45 years and older for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly lower in all years compared to the US. WC's rate was higher than both the US' and PA's rate in 2012 but higher only than PA's rate in 2014 and 2020. Although the US' trend decreased and increased every other year between 2011 and 2016, it stabilized in 2017 and decreased every year to 2020 for an overall decrease from 2011 to 2020. PA's trend decreased in 2014, 2018 and 2020 for an overall decrease. WC's trend decreased from 2012 to 2017, but has remained static since then. Overall, there were no differences between WC's ten-year average rate (121.2) and either PA's or the US' (101.9 and 111.7, respectively), although PA's rate was lower than the US'.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous, but for age 45 years and older and ICD-10 codes J40-J44, accessed 2-2022.*

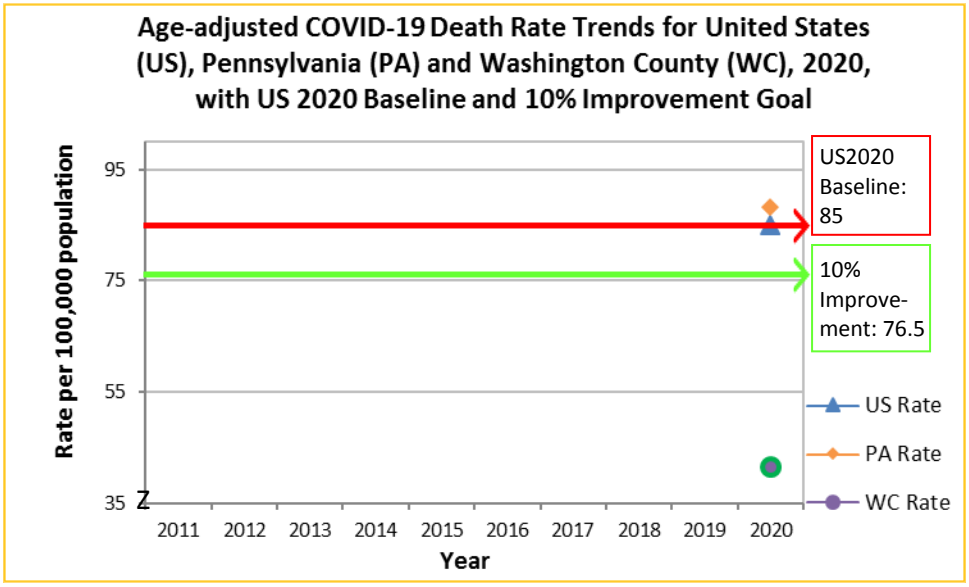
Figure 9: Comparison of COPD death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

COVID-19 Deaths



Washington County's (WC) 2020 rate of 41.5 per 100,000 population indicates a it has met the 10% improvement goal of 76.5 and **exceeded it by 511.8%**. Because the COVID-19 death rate measure weight is 2.82%, the contribution to the 2030 Healthy Community Health Outcome Score™ is 14.4%.

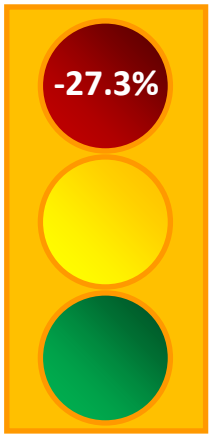
COVID-19 deaths were responsible for 2.82% of the deaths under age 75 in WC from 2020. Figure 10 compares the age-adjusted COVID-19 death rate for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was higher than the US' in 2020, while WC's rate was lower than both the US' and PA's. Since this was an emergent cause of death in 2020, there was no trend data.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous, but for ICD-10 code U07.1, accessed 2-2022.*

Figure 10: Comparison of COVID-19 death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Female Breast Cancer Deaths



Washington County's (WC) 2018-2020 average rate of 20.9 per 100,000 female population indicates a **27.3% lag** behind the HP2030 baseline of 19.7. Because the breast cancer death rate measure weight is 1.88%, the contribution to the 2030 Healthy Community Health Outcome Score™ is -0.5%.

Breast cancer is the second-leading cause of malignant neoplasms in women and it is responsible for 1.88% of the deaths under age 75 in WC from 2020. Figure 11 compares the age-adjusted breast cancer death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were higher in 2011, 2015 and 2016 compared to the US'. There were no differences between WC's rates and either the US' or PA's. The trend for the US rate has decreased in 2013 for an overall decrease from 2011 to 2020. While PA's trend year to year was static, it had and overall decrease from 2011 to 2020. WC's trend has remained static. Overall, there are no differences between WC's ten-year average rate and either PA's or the US' rates (21.2, 21.2 and 20.3, respectively).

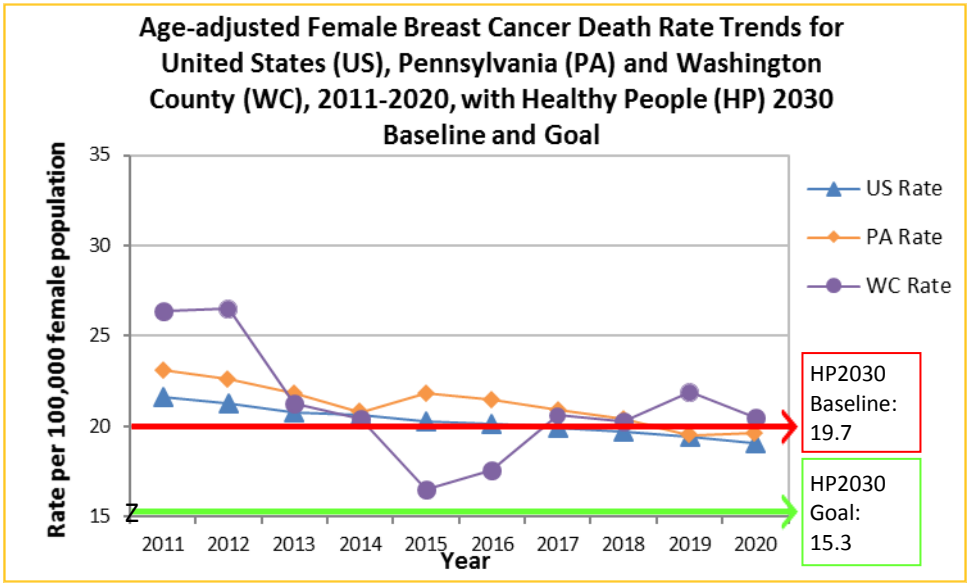
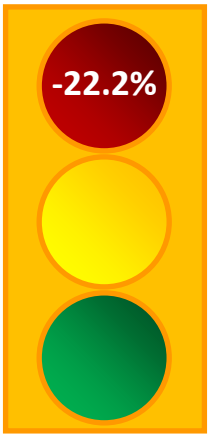


Figure 11: Comparison of female breast cancer death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

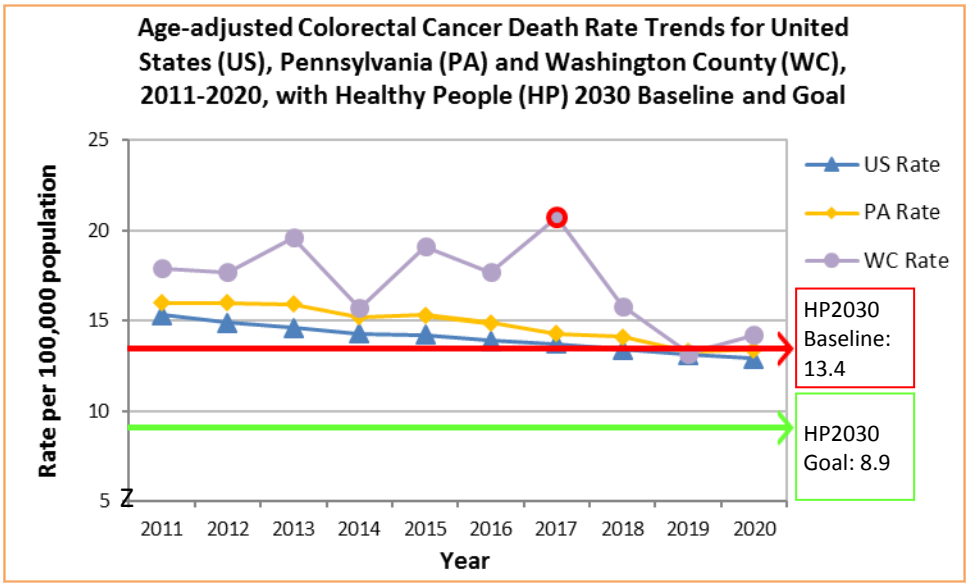
Data Limitations: *Same as previous.*
Data Source(s): *Same as previous, but for ICD-10 code C50, females only, accessed 2-2022.*

Colorectal Cancer Deaths



Washington County's (WC) 2018-2020 average rate of 14.4 per 100,000 population indicates a **22.2% lag** behind the HP2030 baseline of 13.4. Because the colorectal cancer death rate measure weight is 1.71%, the contribution to the 2030 Healthy Community Health Outcome Score™ is -0.4%.

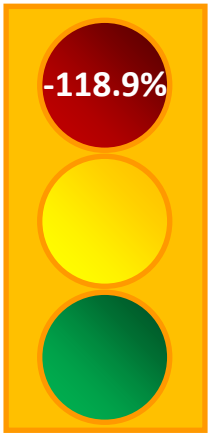
Colorectal cancer is the second-leading cause of malignant neoplasms and it is responsible for 1.71% of the deaths under age 75 in WC from 2020. Figure 12 compares the age-adjusted colorectal cancer death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was higher in 2012 through 2016 and in 2018 compared to the US. There were no differences between WC's rates and either the US' or PA's except in 2017 when it was higher than both. The trend for the US rate decreased in 2011, 2012, 2014, 2016 and 2018 for an overall decrease from 2011 to 2020. PA's trend decreased in 2018 and 2019 for an overall decrease from 2011 to 2020. WC's rate trend has been static. Overall, there was no difference between WC's ten-year average rate and both PA's and the US' rates, but PA's rate was higher than the US' (17.2, 14.8 and 14, respectively).



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous, but for ICD-10 codes C18-C21, accessed 2-2021.*

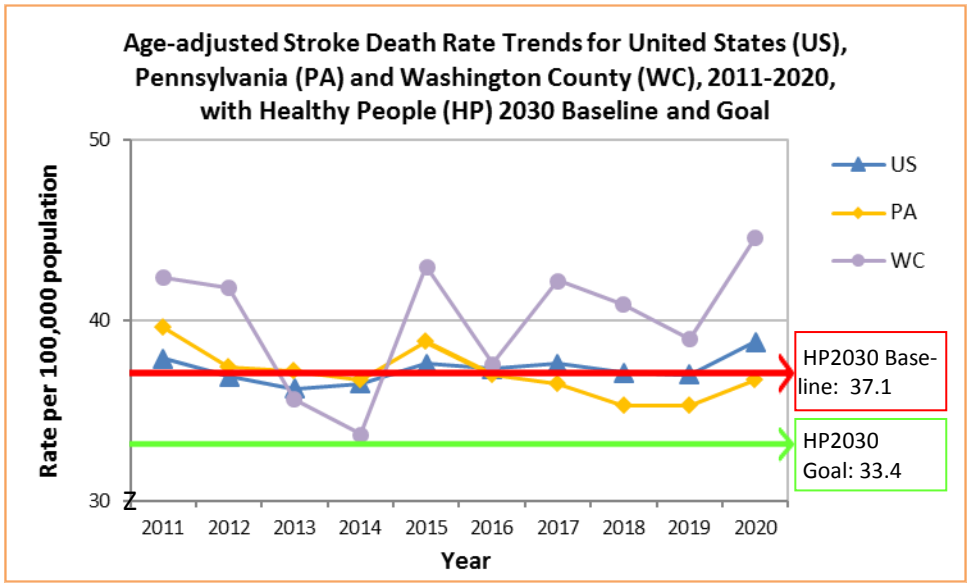
Figure 12: Comparison of colorectal cancer death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Stroke Deaths



Washington County's (WC) 2018-2020 average rate of 41.5 per 100,000 population indicates a **118.9% lag** behind the HP2030 baseline of 37.1. Because the stroke death rate measure weight is 1.54%, the contribution to the 2030 Healthy Community Health Outcome Score™ is -1.8%.

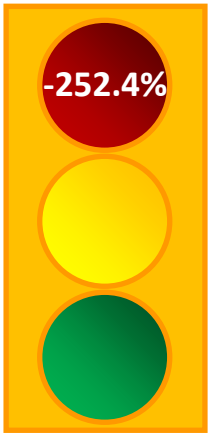
Stroke is responsible for 1.54% of the deaths under age 75 in WC from 2020. Figure 13 compares the age-adjusted stroke death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were higher in 2011 and 2015 but lower from 2018 to 2020 compared to the US'. There were no differences in WC's rates compared to PA's and the US'. The US trend decreased in 2011, 2012, 2013 and 2018 and increased in 2015 and 2020 for an overall increase from 2011 to 2020. PA's trend decreased in 2012 and increased in 2015 for an overall decrease from 2011 to 2020. WC's trend remained static. Overall, WC's ten-year average rate (40.1) was no different than PA's or the US' (37.1 and 37.3, respectively).



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous but for ICD-10 codes I60-I69, accessed 2-2021.*

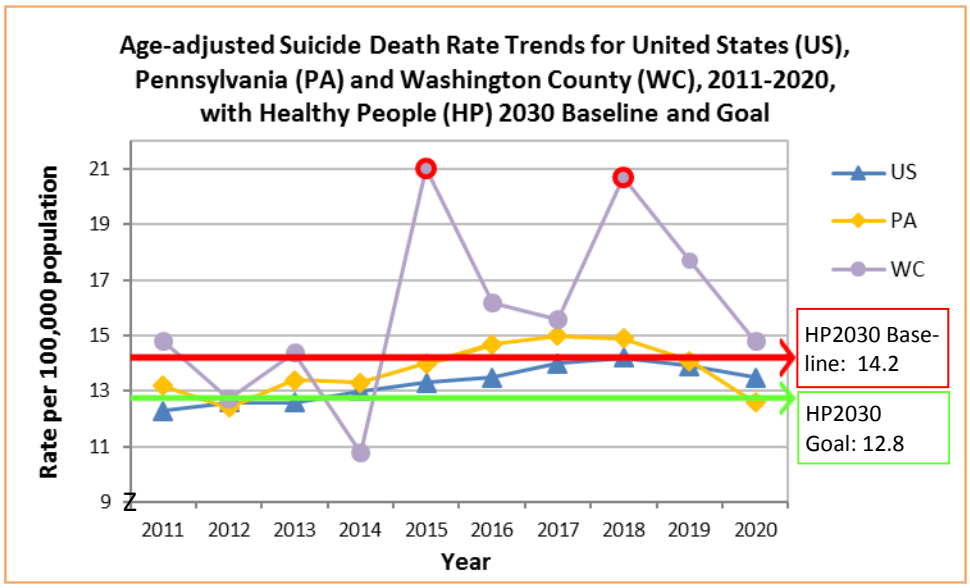
Figure 13: Comparison of stroke death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Suicide Deaths



Washington County's (WC) 2018-2020 average rate of 17.7 per 100,000 population indicates a **252.4% lag** behind the HP2030 baseline of 14.2. Because the suicide death rate measure weight is 1.45%, the contribution to the 2030 Healthy Community Health Outcome Score™ is -3.7%.

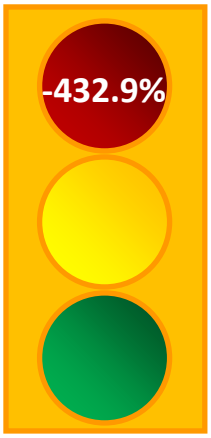
Suicide is responsible for 1.45% of the deaths under age 75 in WC from 2020. Figure 14 compares the age-adjusted suicide death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were higher than the US's rates in 2016 and 2017 but lower in 2020. WC's rate was higher than both the US' and PA's in 2015 but only higher than the US' in 2018. The US trend increased in 2014, 2015 and 2017 and decreased in 2020 for an overall increase from 2011 to 2020. PA's trend decreased in 2020 but remained static overall from 2011 to 2020. WC's trends have remained static. There were no differences in WC's ten-year average rate (15.9) compared to PA's and the US' (13.8 and 13.3, respectively).



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous but for Injury Intent and Mechanism List, Injury Intent, Suicide, accessed 2-2022.*

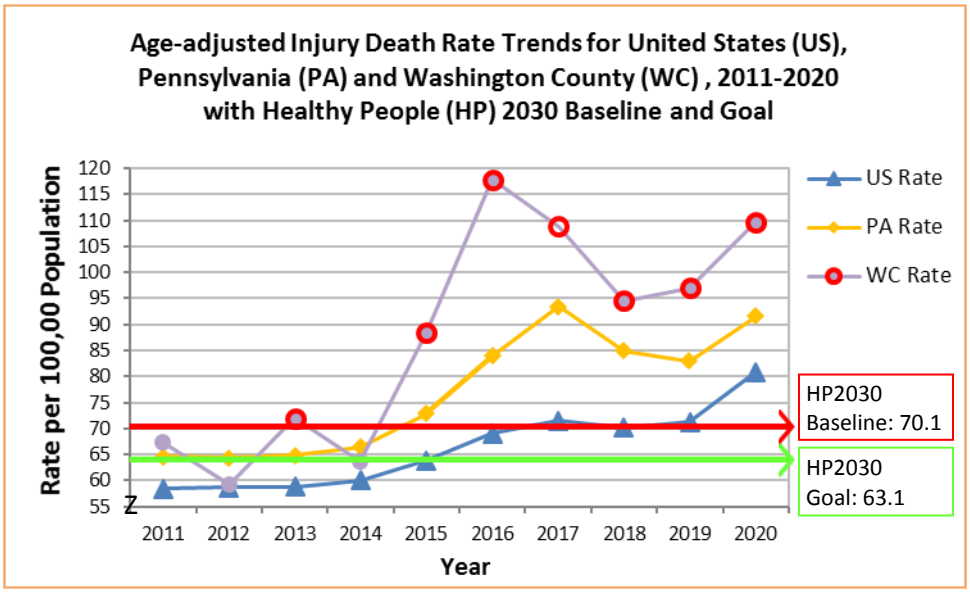
Figure 14: Comparison of suicide death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Injury Deaths



Washington County's (WC) 2018-2020 average rate of 100.4 per 100,000 population indicates a **432.9% lag** behind the HP2030 baseline of 70.1. Because the injury death rate measure weight is 1.2%, the contribution to the 2030 Healthy Community Health Outcome Score™ is -5.2%.

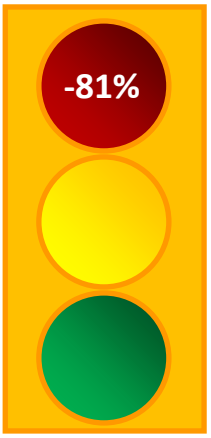
Injuries are one of the leading causes of death; unintentional injuries (poisoning, motor vehicle traffic deaths, and falls) were the third leading cause, and intentional injuries (suicides and homicides) the 10th leading cause, of US mortality in 2017. Motor vehicle accidents were responsible for 1.2% of the deaths under age 75 in WC from 2020. Figure 15 compares the age-adjusted injury death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were higher in all years compared to the US'. WC's rates were higher than both PA's and the US' in 2013, 2015, 2016, and 2020; and higher than only the US' in 2013, 2017, 2018, and 2019. The trend for the US rate increased in 2014, 2015, 2016, 2017, 2019 and 2020, but decreased in 2018. PA's rate trend increased in 2015, 2016, 2017 and 2020, but decreased in 2018. WC's rate trend increased in 2015 and 2016. Overall, all three geographies increased from 2011 to 2020. WC's ten-year average rate (87.8) was no different than PA's but higher than the US' (77 and 66.3, respectively), while PA's was also higher than the US'.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous but for Injury Intent and Mechanism List: Injury Intent: Unintentional, Suicide, Homicide, Undetermined and Legal Intervention/Operations of War, accessed 2-2022.*

Figure 15: Comparison of injury death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Diabetes-related Deaths



Washington County's (WC) 2018-2020 average rate of 74.7 per 100,000 population indicates an **81% lag** behind the US 2018 baseline of 69.1. Because the diabetes-related death rate measure weight is 1.02%, the contribution to the 2030 Healthy Community Health Outcome Score™ is -0.8%.

Diabetes is the seventh leading cause of death in the US and is responsible for 1.02% of the deaths under age 75 in WC from 2020. Figure 16 compares the age-adjusted diabetes-related death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were lower in all years except 2011 and 2014 compared to the US'. WC's rates were higher in 2002, 2013, 2014, 2015 and 2017 than both PA's and the US' but lower than the US' in 2020. The trend for the US rate has decreased in 2012 and 2014, but increased in 2015, 2017, 2018 and 2020 for an overall increase from 2011 to 2020. PA's decreased in 2012 and 2016 but increased in 2020 for an overall increase from 2011 to 2020. WC's rate trend was static. WC's ten-year average rate (77.9) was higher than PA's while PA's was lower than the US' (66.7 and 71.2, respectively).

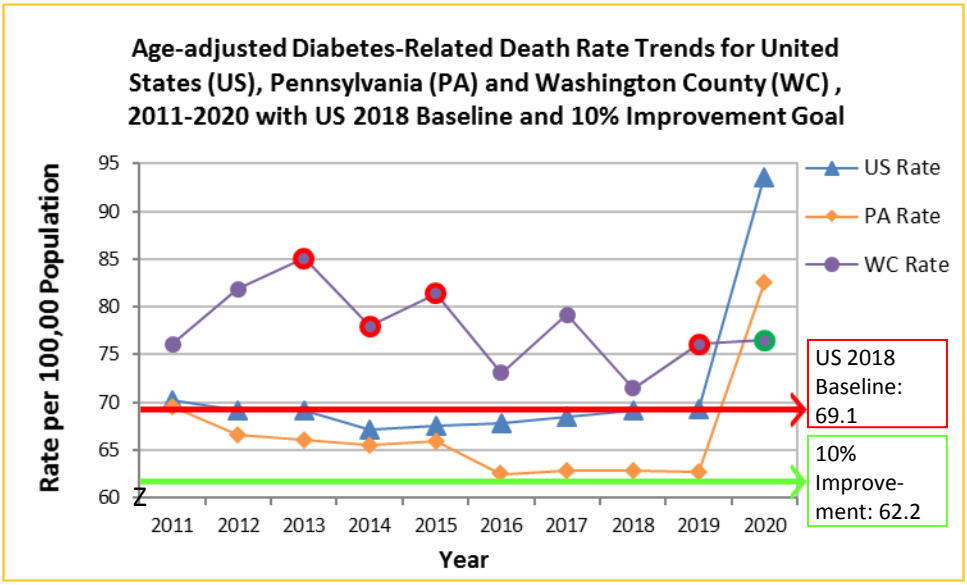
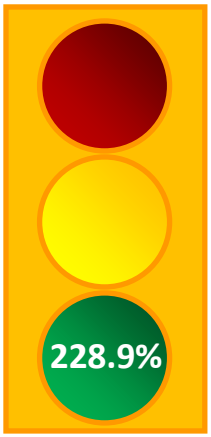


Figure 16: Comparison of diabetes-related death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Same as previous.*
Data Source(s): *Same as previous but for Multiple Cause of Death (All causes of death for underlying cause of death and MCD ICD-10 113 cause list "diabetes mellitus E10-14" for records with any of these items), accessed 2-2022.*

Results—Health Outcomes—Morbidity

Low Birth Weight



Washington County's (WC) 2020 percent of 6.4% indicates it has met the 10% Improvement goal of 7.5% from the US 2018 Baseline and **exceeded it by 22.9%**. Because the low birth weight measure weight is 20%, the contribution to the 2030 Healthy Community Health Outcome Score™ is 45.8%.

Low birth weight represents two factors: maternal exposure to health risks and an infant's current and future morbidity, as well as premature mortality risk. The health consequences of low birth weight are numerous.[ii] Figure 17 compares the percent of live births that weighed less than 2500 grams for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's percentage was higher in 2014 compared to the US'. WC's percentage was lower than both the US' and PA's in 2013, 2016 and 2020. The trend for the US decreased in 2012, 2014 and 2020, but has risen every year from 2015 to 2018 for an overall increase from 2011 to 2020. Both PA's and WC's trends remained static.

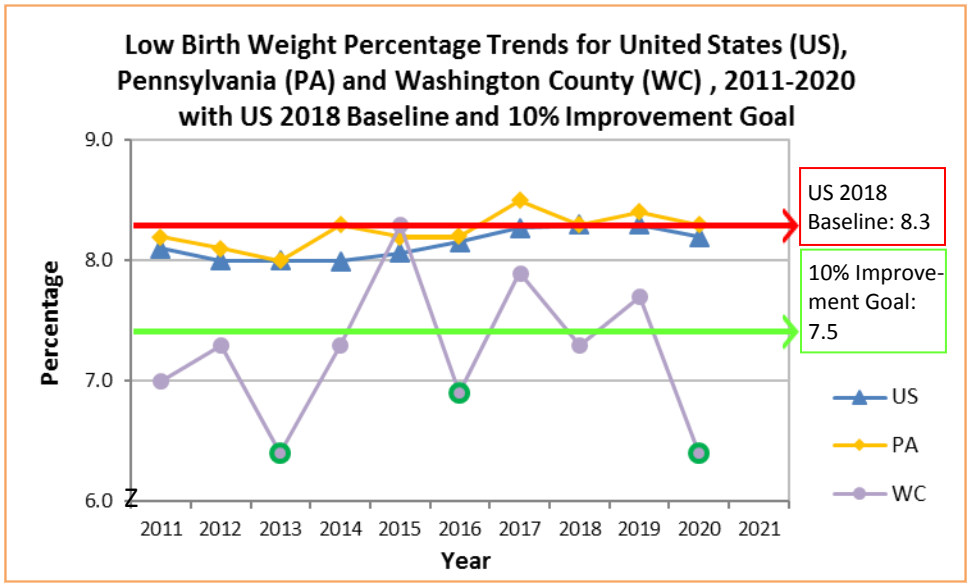
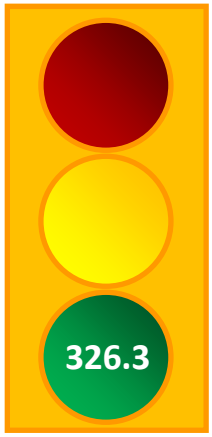


Figure 17: Comparison of low birth weight percentages by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Two different sources of data were compared and this may introduce comparability issues. However, since both data sets rely on birth certificate data, it is assumed this variation is not significant. US low birth weight percentage was calculated by dividing the number of live births weighing less than 2500 grams by the number of total live births.* ***For PA and WC:*** *"These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions."*

Data Source(s): For US: *Centers for Disease Control and Prevention, National Center for Health Statistics. Natality public-use data on CDC WONDER (Wide-ranging Online Data for Epidemiologic Research) Online Database, for years 2007-2020 accessed 2-2022.* ***For PA and WC:*** *Pennsylvania Department of Health, Pennsylvania Birth Certificate Dataset, via EDDIE, (Enterprise Data Dissemination Informatics Exchange), accessed 2-2022.*

Poor or Fair Health



The hospital defined community's (HDC) 2021 age-adjusted percent of 11.1% indicates it has met the 10% Improvement goal of 14.8% from the US 2018 Baseline and **exceeded it by 326.3%**. Because the poor or fair health measure weight is 9.13%, the contribution to the 2030 Healthy Community Health Outcome Score™ is 29.8%.

Self-reported health status has been shown to be a very reliable measure of current health.[iii] Figure 18 compares the percent of people over 18 years of age who report either poor or fair health for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's rate was lower in all years from 2011 to 2016 compared to the US. HDC's percentage was lower than PA's but not the US' in 2018. The trend for the US' percentage decreased in 2011, 2015, 2017 and 2020 for an overall decrease from 2011 to 2020. PA's trend decreased in 2020 for an overall decrease from 2011 to 2020. HDC's trend has remained static.

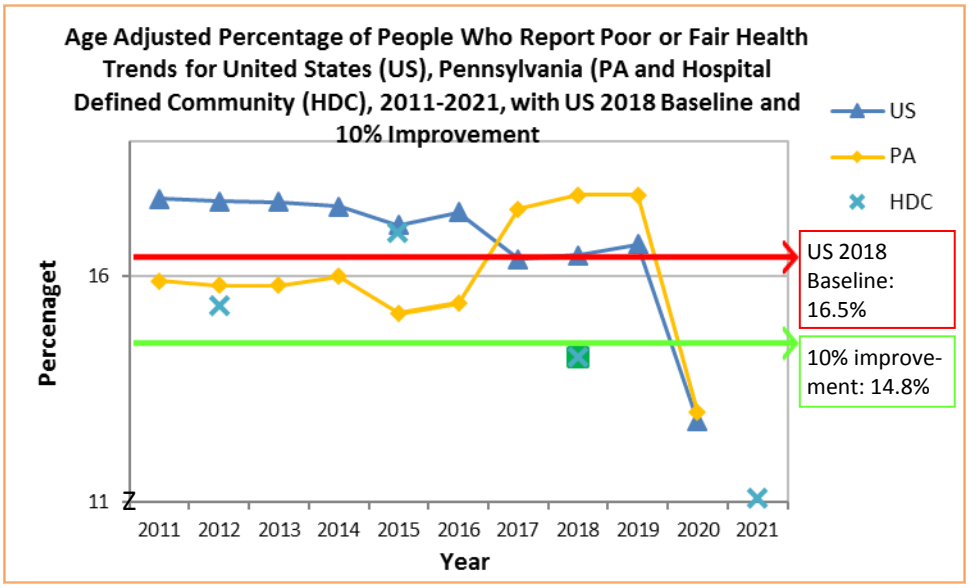
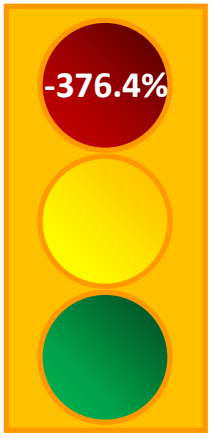


Figure 18: Comparison of percentage of people reporting poor or fair health by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

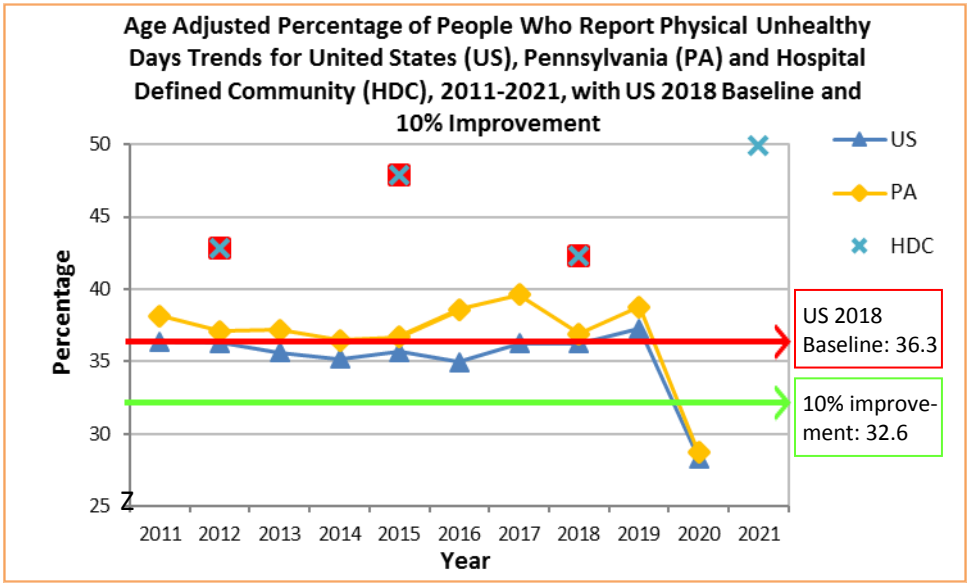
Data Limitations: *Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. Breaks in the trend line indicates a difference in survey data gathering and weighting to include both landline and cell line data collection.* ***For HDC:*** *HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.* ***Data Source(s): For US:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Web Enabled Analysis Tool (WEAT), available at, https://nccd.cdc.gov/weat/#/analysis, accessed 2-2022.* ***For PA:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at https://www.cdc.gov/brfss/brfssprevalence accessed 2-2022.* ***For HDC:*** *Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 and 2021 Community Health Need Assessments.*

Physical Unhealthy Days



The hospital defined community's (HDC) 2018 age-adjusted percent of 49.9% indicates a **376.4% lag** behind the 2018 US baseline of 36.3%. Because the physical unhealthy days measure weight is 9.13%, the contribution to the 2030 Healthy Community Health Outcome Score™ is -34.4%.

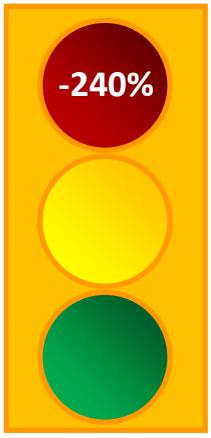
People's reports of days when their physical health was not good are a reliable estimate of their recent health.[iv] Figure 19 compares the percent of people over 18 years of age who report that they have had one or more days during the last 30 when their physical health was not good for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentages were higher than the US' from 2011 through 2017. HDC's percentages were all higher than both the US' and PA's in 2012, 2015 and 2018. The trend for the US increased in 2011, 2015, 2017 and 2019 but decreased in 2013, 2014, 2016 and 2020 for an overall decrease from 2011 to 2020. PA's trend increased in 2011 and 2016 and decreased in 2012, 2014 and 2020 for an overall decrease from 2011 to 2020. and HDC's trend decreased in 2018 and increased in 2021 for an overall static trend from 2012 to 2021.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

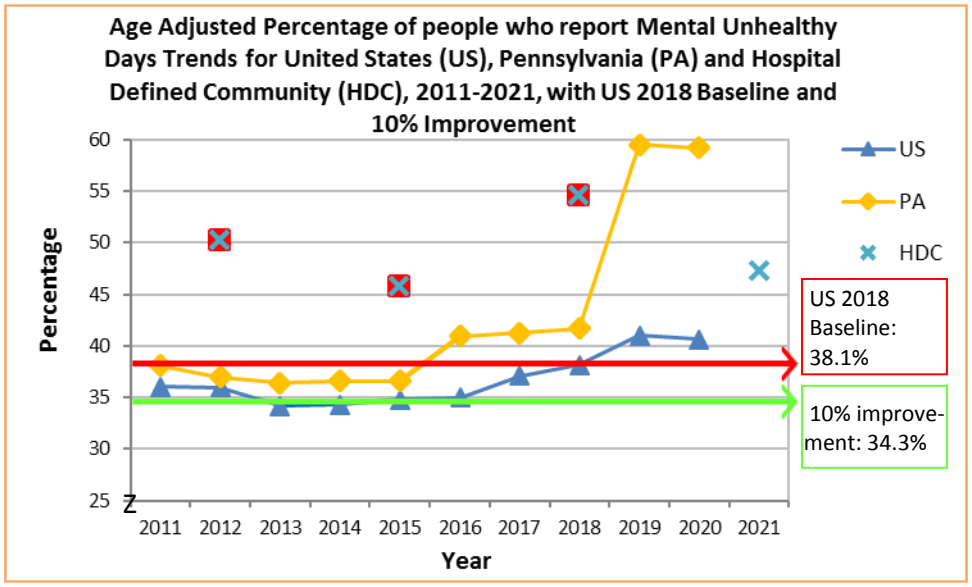
Figure 19: Comparison of percentage of people reporting one or more physically unhealthy days in the past 30 by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Mental Unhealthy Days



The hospital defined community's (HDC) 2021 age-adjusted percent of 54.6% indicates a **240% lag behind** the 2018 US baseline of 38.1%. Because the mental unhealthy days measure weight is 9.13%, the contribution to the 2030 Healthy Community Health Outcome Score™ is -21.9%.

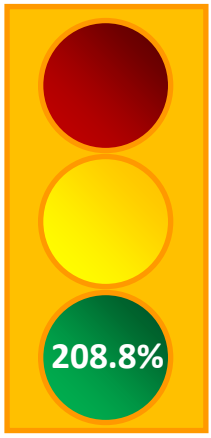
Measuring the number of days when people report that their mental health was not good (i.e., poor mental health days), represent an important facet of health-related quality of life.[v] Figure 20 compares the percent of people over 18 years of age who report that they have had one or more days during the last 30 when their mental health was not good for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentages were higher than the US' in all years. HDC's percentages were higher than both the US's and PA's in 2012, 2015 and 2018. The trend for the US rate increased in 2011, 2015, 2017, 2018 and 2019 but decreased in 2013 and 2020 for an overall increase from 2011 to 2020. PA's trend increased in 2011, 2016 and 2019 but decreased in 2012 and 2013 for an overall increase from 2011 to 2020. HDC's trend increased in 2018 and decreased in 2021 for an overall static trend from 2012 to 2021.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Figure 20: Comparison of percentage of people over the age of 18 reporting one or more mentally unhealthy days in the past 30 by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Diabetes Prevalence



The hospital defined community's (HDC) 2021 age-adjusted percent of 7.2% indicates it has met the 10% Improvement goal of 8.2% from the US 2018 Baseline and **exceeded it by 208.8%**. Because the diabetes prevalence measure weight is 2.61%, the contribution to the 2030 Healthy Community Health Outcome Score™ is 5.4%.

Diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults in the US and is a major cause of heart disease and stroke.[vi] Figure 21 compares the age-adjusted diabetes prevalence percentages for the US (blue triangle), PA (gold diamond), WC (purple circle) and HDC (aqua 'x'). PA's percentages were higher than the US' in 2014 and 2020. There were no differences between WC's percentages and either PA's or the US'. The HDC's percentages were higher than PA's and the US' in 2012. US' and WC's trends have been static. PA's trend decreased in 2011 and increased in 2014 for an overall increase from 2011 to 2020. The trend for the HDC decreased from 2012 to 2021.

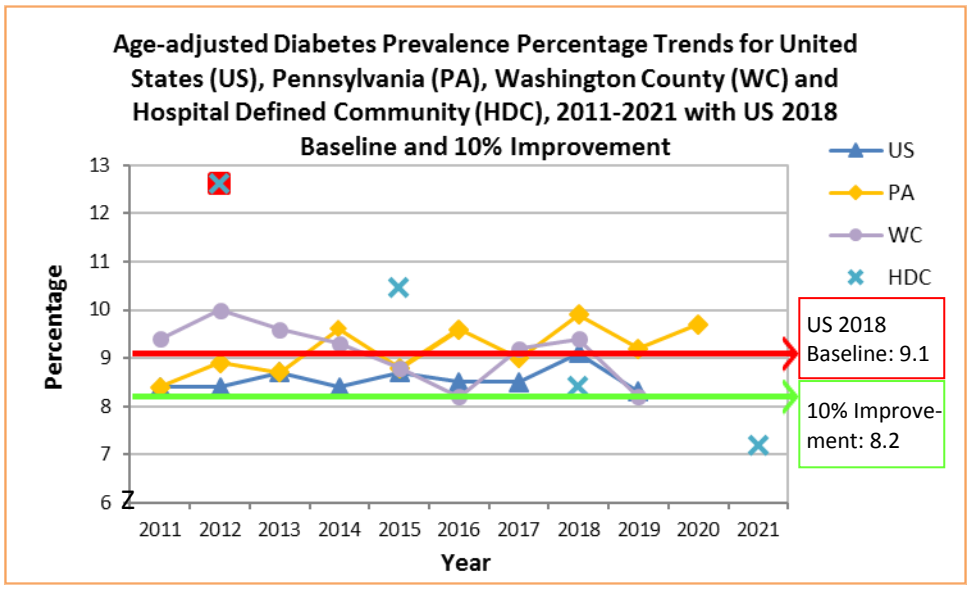
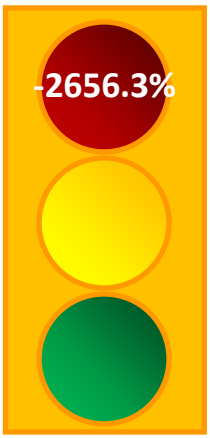


Figure 21: Comparison of percentage of people with diagnosed diabetes by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: For US and PA: *Ages 18 and older. The BRFSS underestimates the true prevalence of diabetes. About one-third of persons with diabetes do not know they have it. Because the BRFSS is a telephone survey, bias may be introduced because households without telephones are not included. Although telephone coverage is generally high, non-coverage may be high for certain population groups. For example, American Indians, rural blacks in some southern states, and persons in lower socioeconomic groups typically have lower telephone coverage. Because diabetes is more common among race and ethnic minority groups and among lower socio-economic groups, BRFSS may underestimate diabetes prevalence for these subpopulations.* ***For WC:*** *County-level estimates were based on indirect model-dependent estimates. Bayesian multilevel modeling techniques were used to obtain these estimates. Multilevel Poisson regression models with random effects of demographic variables (age 20–44, 45–64, 65+; race; sex) at the county-level were developed. State was included as a county-level covariate.* ***For HDC:*** *HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.* ***Data Source(s): For US and WC:*** *Centers for Disease Control and Prevention: National Diabetes Surveillance System. Available online at: https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html, accessed 2-2022].* ***For PA:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at https://www.cdc.gov/brfss/brfssprevalence, accessed 2-2022.* ***For HDC:*** *Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 and 2021 Community Health Need Assessments.*

Adult E-cigarette Use



The hospital defined community's (HDC) 2021 age-adjusted percent of 11.7% indicates a **2656.3% lag behind** the 2018 US baseline of 3.2%. Because the adult e-cigarette measure weight is 0.98%, the contribution to the 2030 Healthy Community Health Factor Score™ is -26.1%.

The WHO Global Tobacco Control Report detailed studies suggesting that e-cigarettes have negative effects on aspects of cardiovascular and respiratory health. A 2020 Surgeon General's report also noted that, "Several studies demonstrate e-cigarette aerosol contains fine and ultrafine particles, such that use of the products could potentially increase cardiovascular and respiratory risks." E-cigarettes have been found to increase heart rate and blood pressure. E-cigarette aerosol inhibits several kinds of immune cells in the lungs, compromising the ability to fight infection, promote inflammation in the respiratory system and can damage DNA. The chemicals in e-cigarettes also stay in the mouth and can soften tooth enamel and contribute to tooth decay. Vaping also changes the balance of bacteria in the mouth in ways that put users at higher risk of oral infections. [vii] Figure 22 compares the percentage of people over the age of 18 that currently use e-cigarettes (used every day or some days) for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). Due to data set limitations, no comparisons for differences can be made between geographies. The US trend decreased from 2019 to 2020. PA's trend remained static.

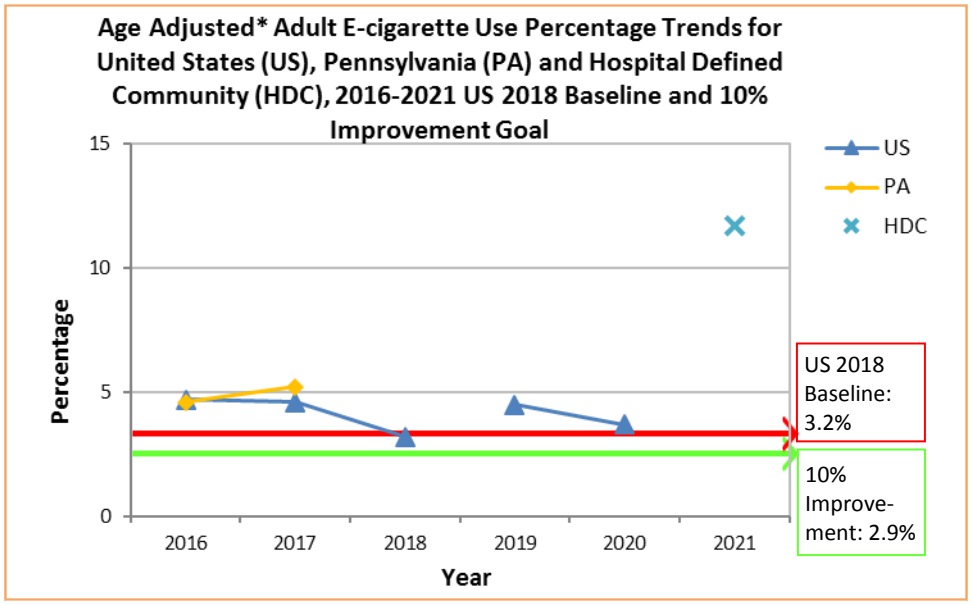
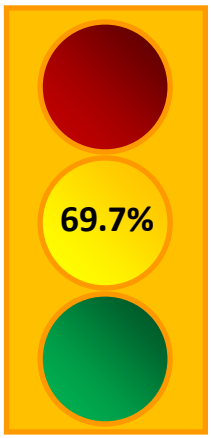


Figure 22: Comparison of adult e-cigarette use by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.*US data for 2019 and 2020 are not age-adjusted.

Data Limitations: *Same as previous for US, PA and HDC. In addition, for US, National Health Interview Survey (NHIS) is based on household interviews of a sample of the civilian noninstitutionalized population. Data came from the Sample Adult File and were weighted using the Sample Adult weight. Unknowns were not included in the denominators when calculating percentages. In 2019, the NHIS was redesigned and not age-adjusted and due to changes, direct comparisons to earlier years should be made with caution and are indicated with a break on the trend line. Due to the COVID-19 pandemic, NHIS data collection switched to a telephone-only mode beginning in March through September 2020. These changes resulted in lower response rates and differences in respondent characteristics for April–December 2020. Differences observed in estimates between 2020 and 2019 may be impacted by these changes.* ***Data Source(s):*** *Same as previous for PA and HDC. For US, two sources were used, one same as PA the other was the NHIS.*

Adult Smoking



The hospital defined community's (HDC) 2021 age-adjusted percent of 7.7% indicates a **96.2% progress** toward the HP2030 goal of 5%. Because the adult smoking measure weight is 3.23%, the contribution to the 2030 Healthy Community Health Factor Score™ is 2.3%.

Each year approximately 443,000 premature deaths occur primarily due to smoking. Cigarette smoking is identified as a cause in multiple diseases including various cancers, cardiovascular disease, respiratory conditions, low birth weight, and other adverse health factors.[viii] Figure 23 compares the percentage of people over the age of 18 that currently smoke cigarettes (used tobacco every day or some days and primary form of use is cigarettes) for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentages were higher than the US' in all years except 2018 and 2020. HDC's percentage was lower than both the US' and PA's in 2015 and 2018. The trend for the US decreased every year except 2017 and 2018 for an overall decrease from 2011 to 2020. PA's trend has been static year to year but has decreased overall from 2011 to 2020. HDC trend decreased in 2015 and 2021 for an overall decrease from 2012 to 2021.

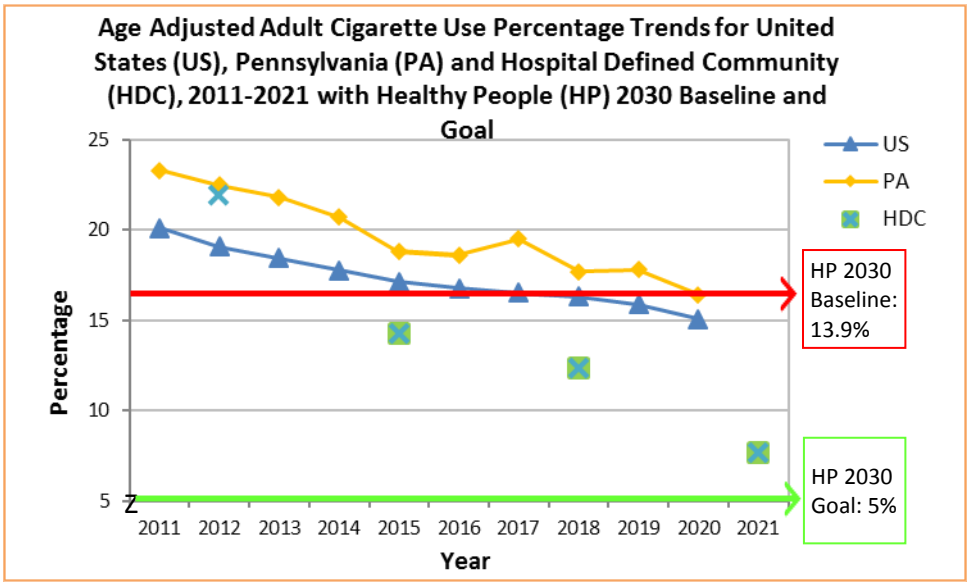
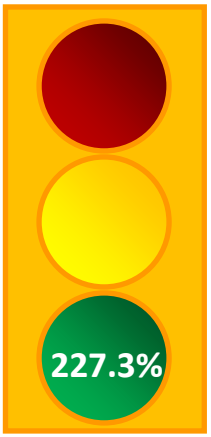


Figure 23: Comparison of adult cigarette use by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

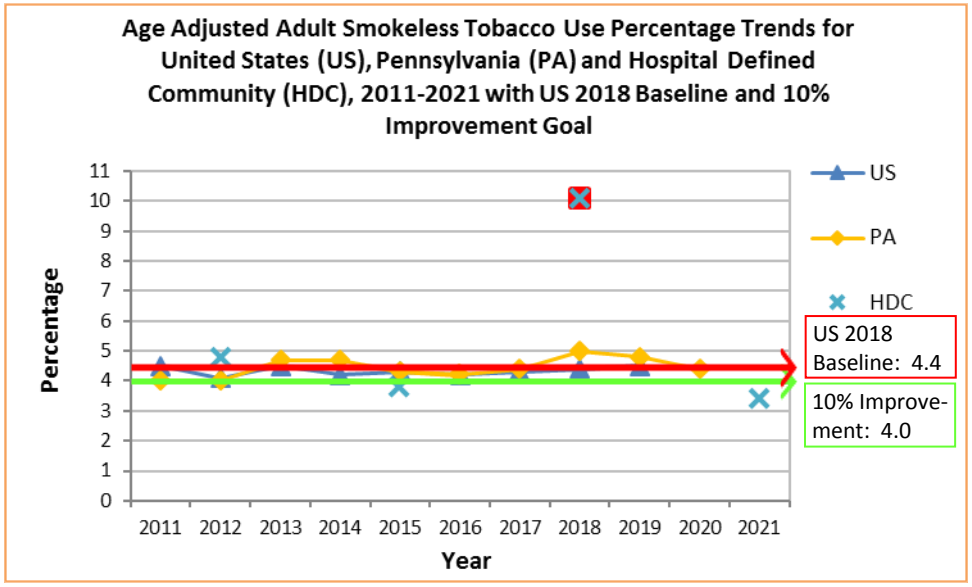
Data Limitations: *Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. Breaks in the trend line indicates a difference in survey data gathering and weighting to include both landline and cell line data collection.* ***For HDC:*** *HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.* ***Data Source(s): For US:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Web Enabled Analysis Tool (WEAT), available at, https://nccd.cdc.gov/weat/#/analysis, accessed 2-2022.* ***For PA:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at https://www.cdc.gov/brfss/brfssprevalence accessed 2-2022.* ***For HDC:*** *Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 and 2021 Community Health Need Assessments.*

Adult Smokeless Tobacco Use



The hospital defined community's (HDC) 2021 age-adjusted percent of 3.4% indicates it has met the 10% Improvement goal of 4.0% and **exceeded it by 227.3%**. Because the adult smokeless tobacco use measure weight is 0.96%, the contribution to the 2030 Healthy Community Health Factor Score™ is 2.2%.

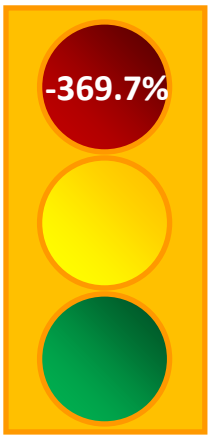
Smokeless tobacco use is identified as a cause in multiple diseases including various cancers and cardiovascular disease.[ix] Figure 24 compares the percentage of people over the age of 18 who currently use smokeless tobacco (used tobacco every day or some days and primary form of use is smokeless tobacco) for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'.) There were no differences between PA's percentages and the US' for all years. HDC's percentage was higher than both the US' and PA's in 2018. The US' and PA's trends have been static. HDC's trend increased in 2018 and decreased in 2021 for an overall static trend from 2012 to 2021.



Data Limitations: *Same as previous.*
Data Source(s): For US: *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: Chronic Disease Indicators. available at: https://nccd.cdc.gov/cdi. Accessed 2-2022.* ***For PA and HDC:*** *Same as previous.*

Figure 24: Comparison of adult smokeless tobacco use by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Youth E-cigarette Use



Washington County's (WC) 2019 percent of 24.4% indicates a **369.7% lag behind** the HP2030 baseline of 13.8%. Because the youth e-cigarette measure weight is 1.63%, the contribution to the 2030 Healthy Community Health Factor Score™ is -6%.

In addition to the potential harms as detailed in the Adult e-cigarette use measure on page 39, youth face another risk of first time addiction due to the massive doses of nicotine and the use of nicotine salts that some of the newer pod systems and disposable products deliver. Studies have found that young people who use e-cigarettes are more likely to become smokers, and many are low-risk youth who would not have otherwise smoked cigarettes.[x] Figure 25 compares the percentage of youth who report vaping e-cigarettes on one or more days in the last 30 for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's percentages were higher in 2015 and lower in 2019 compared to the US'. WC's percentages were higher in 2017 than both the US' and PA's but lower than only the US's in 2019. The trend for the US increased and decreased for an overall decrease from 2014 to 2021. PA's trend decreased and increased for a static trend from 2015 to 2019. WC's trend remained stable year to year but increased from 2017 to 2019.

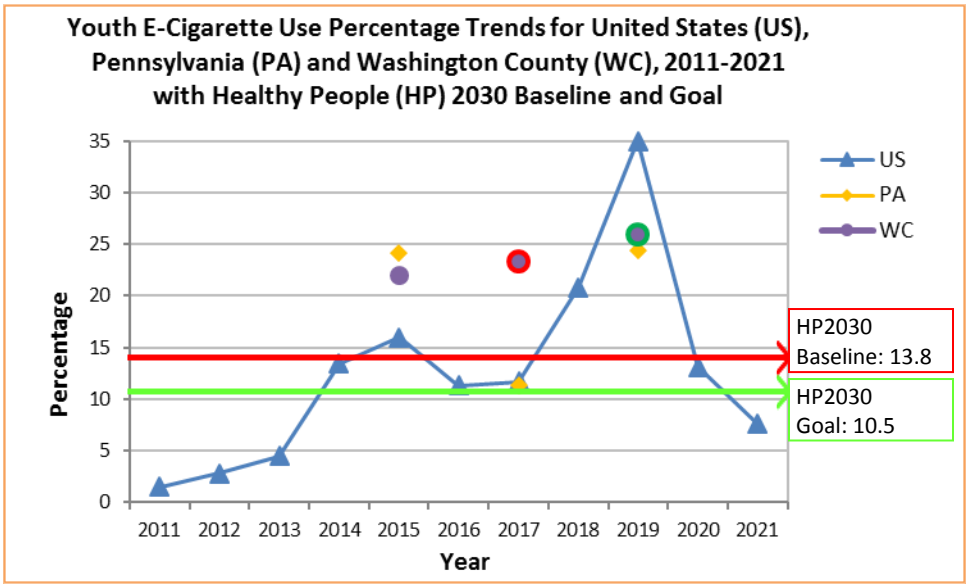
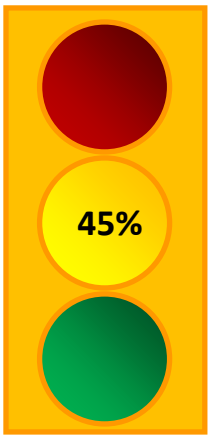


Figure 25: Comparison of youth e-cigarette use by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

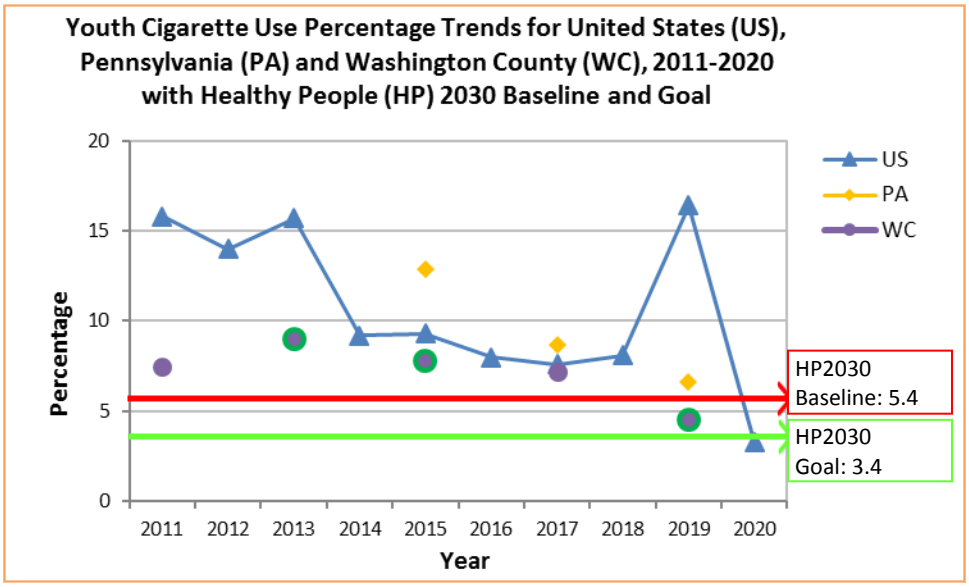
Data Limitations: *NYTS: YRBSS:These data apply only to youth who attended middle school and/or high school. Among persons aged 15–17 years in the United States, approximately 5% were not enrolled in a high school program and had not completed high school in 2005 (http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007059). The questionnaire was offered only in English. Thus, comprehension might have been limited for students with English as a second language. Gaps in years of data are caused by the question not being used for that year's survey and/or the survey was not done that year. NYTS has changed how their data has been presented from 2014 to 2021. From 2014 to 2018 it was grades 9-12, while 2019-2021 it was 6-12. Pennsylvania Youth Survey (PAYS) data only surveys 6th, 8th, 10th and 12th grade, so that data was combined to produce the data compared to the YRBSS which surveys 9th, 10th, 11th and 12th grade.* ***Data Source(s): For US:*** *National Youth Tobacco Survey. Morbidity and Mortality Weekly Reports (MMWR):* ***https://www.cdc.gov/mmwr/volumes/71/ss/ss7105a1.htm?s_cid=ss7105a1_w; https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a1.htm; https://www.cdc.gov/mmwr/volumes/68/wr/mm6806e1.htm?s_cid=mm6806e1_w*** ***For PA:*** *Youth Risk Behavior Surveillance System (YRBSS); Centers for Disease Control and Prevention, available at https://nccd.cdc.gov/Youthonline ; accessed 2-2022.* ***For WC:*** *'Pennsylvania Youth Survey,' or PAYS, is sponsored and conducted every two years by the Pennsylvania Commission on Crime and Delinquency available at: https://www.pccd.pa.gov/Juvenile-Justice/Pages/PAYS-County-Reports.aspx, accessed 2-2022.*

Youth Smoking



Washington County's (WC) 2019 percent of 4.5% a **45% progress** toward the HP2030 goal of 3.4%. Because the youth smoking measure weight is 0.71%, the contribution to the 2030 Healthy Community Health Factor Score™ is 0.3%.

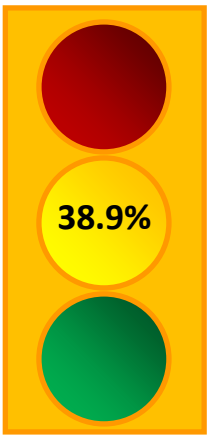
More than 80% of adult tobacco users started before the age of 18.[xi] Figure 26 compares the percentage of youth who report smoking cigarettes on one or more days in the last 30 for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's percentage was lower in 2019 compared to the US'. WC's percentages were lower in 2013 and 2019 than the US's and lower in 2015 than PA's. The trend for the US decreased in 2014, 2015, 2020 and increased in 2012 and 2019 for an overall decrease from 2011 to 2020. PA's trend decreased in 2017 for an overall decrease from 2015 to 2019. WC's trend decreased in 2019 for an overall decrease from 2011 to 2019.



Data Limitations: *Same as previous.* ***Data Source(s):*** *Same as previous.*

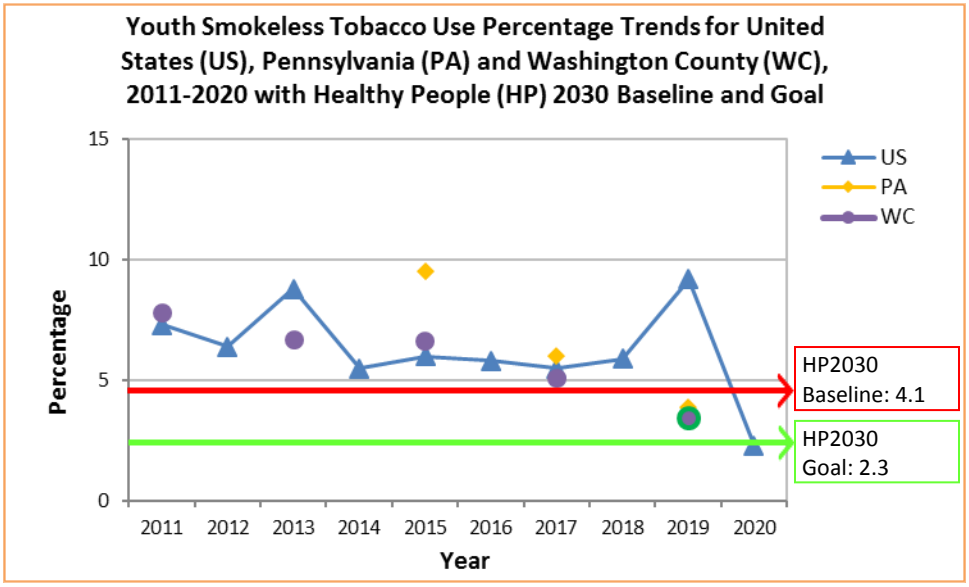
Figure 26: Comparison of youth cigarette use by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Youth Smokeless Tobacco Use



Washington County's (WC) 2019 of 3.4% indicates a **38.9% progress** toward the HP2030 goal of 2.3%. Because the high school smokeless tobacco use measure weight is 0.49%, the contribution to the 2030 Healthy Community Health Factor Score™ is 0.2%.

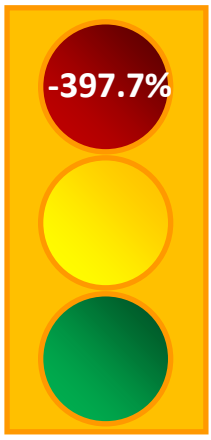
More than 80% of adult tobacco users started before the age of 18.[xii] Figure 27 compares the percentage of youth who report using smokeless tobacco on one or more days in the last 30 for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's and WC's percentages for 2019 are lower than the US'. The US' trend increased in 2012 and 2014 but decreased in 2017 and 2020 for an overall decrease from 2011 to 2020. PA's percentages were stable year to year but show an overall decrease from 2015 to 2019. WC's trend decreased in 2019 for an overall decrease from 2011 to 2019.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Figure 27: Comparison of high school student smokeless tobacco use by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Pregnant Women Smoking



Washington County's (WC) 2017 percentage of 82.6% indicates a **397.7% lag** behind the HP2030 baseline of 93.5%. Because the pregnant women smoking measure weight is 1%, the contribution to the 2030 Healthy Community Health Factor Score™ is -4.0%.

Smoking during pregnancy causes health problems for both mothers and babies, such as: pregnancy complications; premature birth; low-birth-weight infants; stillbirth; and sudden infant death syndrome (SIDS).[xiii] Figure 28 compares the percentage of women who did not smoke cigarettes during their pregnancy for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's percentages were lower than the US' for all years. The trend for US has increased every year except for 2018 when it declined for an overall increase from 2011 to 2020. PA's trend increased in 2015 and decreased in 2020 for an overall increase from 2011 to 2020. WC's trend has remained unchanged.

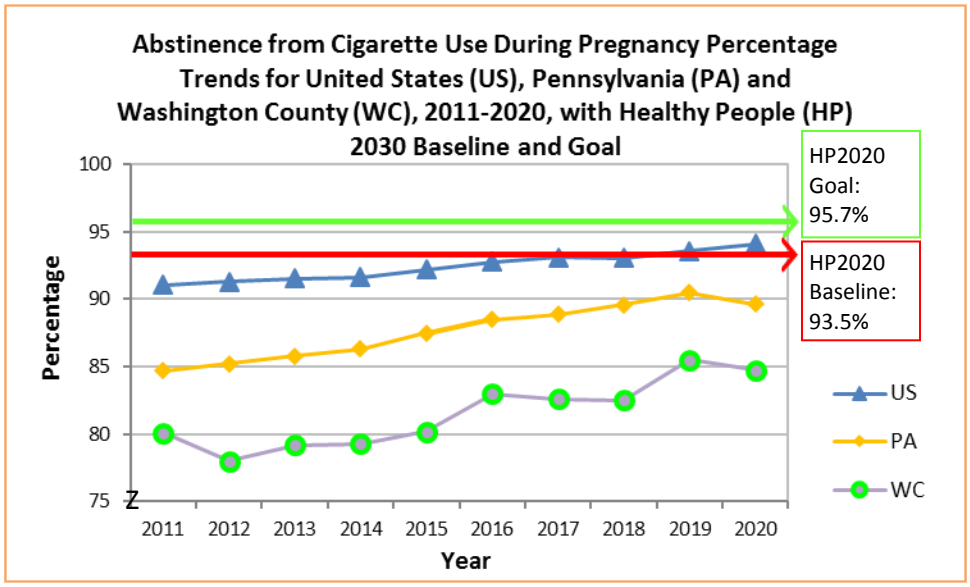
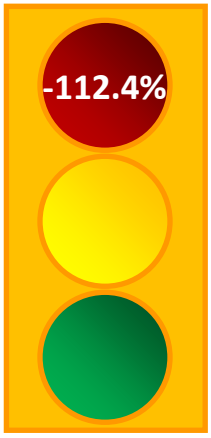


Figure 28: Comparison of pregnant women's use of cigarettes during pregnancy by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Two different sources of data were compared, and this may introduce comparability issues. However, since both data sets rely on birth certificate data, it is assumed this variation is not significant. US cigarette use during pregnancy percentage was calculated by dividing the number of live births whose mothers indicated that they had smoked during pregnancy by the number of total live births.* ***For PA and WC:*** *Percentages of non-smoking mother during pregnancy were calculated by the Bureau of Health Statistics and Research, Pennsylvania Department of Health. "These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions."* ***Data Source(s): For US:*** *Centers for Disease Control and Prevention, National Center for Health Statistics. Natality public-use data on CDC WONDER (Wide-ranging Online Data for Epidemiologic Research) Online Database, for years 2007-2020 accessed 2-2022.* ***For PA and WC:*** *Pennsylvania Department of Health, Pennsylvania Birth Certificate Dataset via EDDIE, (Enterprise Data Dissemination Informatics Exchange), for years 2011-2019, accessed online 2-2022. For 2020, the US data source was used.*

Tobacco Quit Attempts



The hospital defined community's (HDC) 2021 age-adjusted percent of 45.1% indicates **112.4% lag** behind the HP2030 baseline of 56%. Because the tobacco quit attempts measure weight is 1%, the contribution to the 2030 Healthy Community Health Factor Score™ is -1.1%.

Among current US adult tobacco users, 68.8% report that they want to quit completely and make multiple attempts before they do so.[xiv] Figure 29 compares the percent of tobacco users over 18 years of age who report that they quit tobacco use for one day or longer because they were trying to quit in the past year for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentages were lower than the US' in 2011 and 2014; they were higher in 2015 and 2016. HDC's percentages were lower than both the US' and PA's in 2012, 2015 and 2018. The trend for the US percentages increased in 2014 and decreased in 2016, 2017, 2018 and 2020 for an overall decrease from 2011 to 2020. PA's trend increased in 2012, 2014 and 2015 but decreased in 2016 for an overall static trend from 2011 to 2020. HDC's trend has remained static.

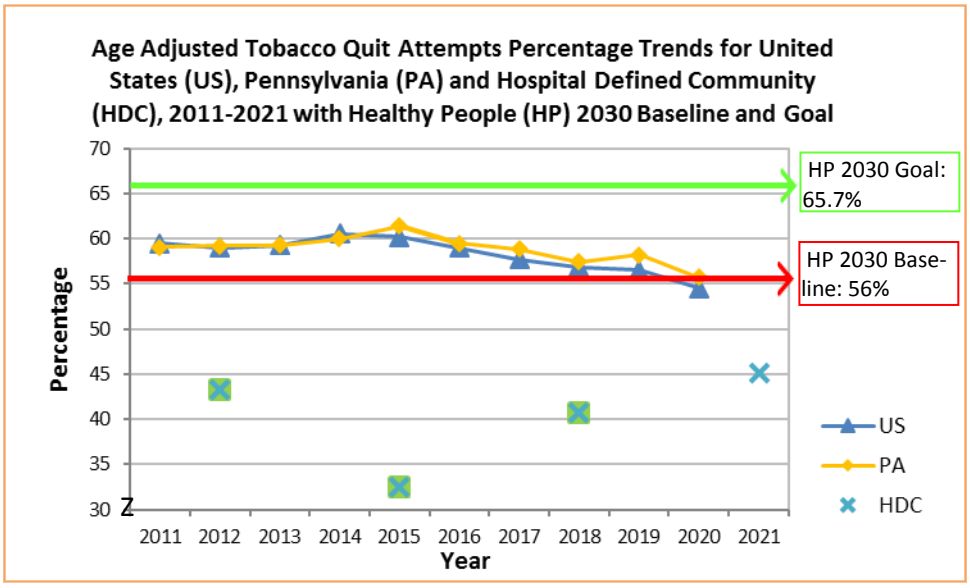
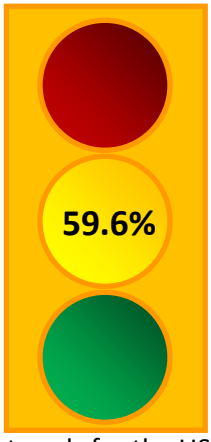


Figure 29: Comparison of percentage of tobacco users over the age of 18 reporting stopping tobacco use for one day or longer in an attempt to quit in the past year by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. Breaks in the trend line indicates the question was not asked in consecutive years.* ***For HDC:*** *HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.* ***Data Source(s): For US and PA:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Web Enabled Analysis Tool (WEAT), available at, https://nccd.cdc.gov/weat/#/crossTabulation/selectYear, accessed 2-2022.* ***For HDC:*** *Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 and 2021 Community Health Need Assessments.*

Adult Obesity



The hospital defined community's (HDC) 2021 age-adjusted percent of 37.1% indicates a **59.6% progress** toward the HP2030 goal of 36%. Because the adult obesity measure weight is 2.7%, the contribution to the 2030 Healthy Community Health Factor Score™ is 1.6%.

Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis.[xv] Figure 30 compares the percent of people over the age of 18 whose body mass index is 30 or higher for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'.) There were no differences between PA's percentages and the US'. HDC's percentages were higher than both the US' and PA's in all comparable years except 2018. The trends for the US' and PA's percentages have been static (except PA's increased in 2020) for an overall increase from 2011 to 2019 (US) or 2020 (PA). HDC's trend increased in 2015 and decreased in 2018 for an overall static trend.

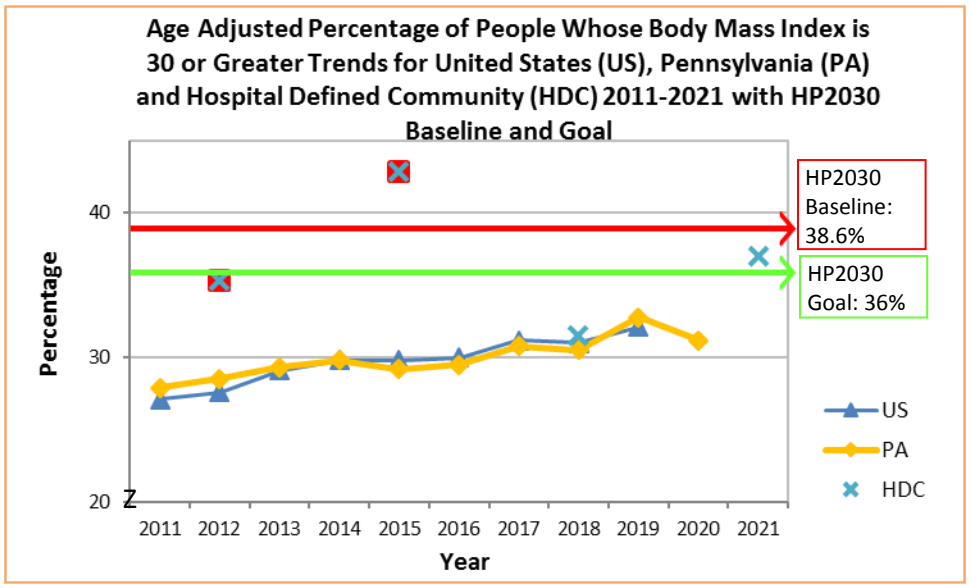
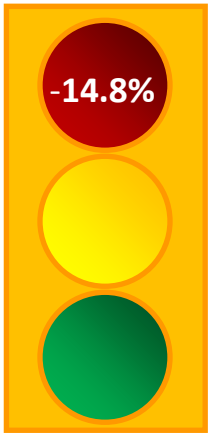


Figure 30: Comparison of adult obesity percentages by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Youth Obesity



Washington County's (WC) 2017-2018 percentage of 20.05% indicates a **14.8% lag** behind the HP2030 goal of 15.5%. Because the youth obesity measure weight is 1.3%, the contribution to the 2030 Healthy Community Health Factor Score™ is -0.2%.

Obese youth are more likely to have risk factors for cardiovascular disease (such as high cholesterol or high blood pressure), development of diabetes, bone and joint problems, sleep apnea, and social and psychological problems. In addition, obese youth are likely to become obese adults.[xvi] Figure 31 compares the percent of enrolled public school students (grades 9-12 for US and grades K-12 for PA and WC), whose body mass index for age and sex is at the 95th percentile or above for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's percentages were higher than the US' for all comparable years. WC's percentages were higher than PA's in 2011, 2012, 2013 and 2015. The trends for the US' and WC's percentages are static. PA's trend decreased in 2012, 2014 and 2017 but increased in 2013, 2016 and 2018 for an overall increase from 2011 to 2018.

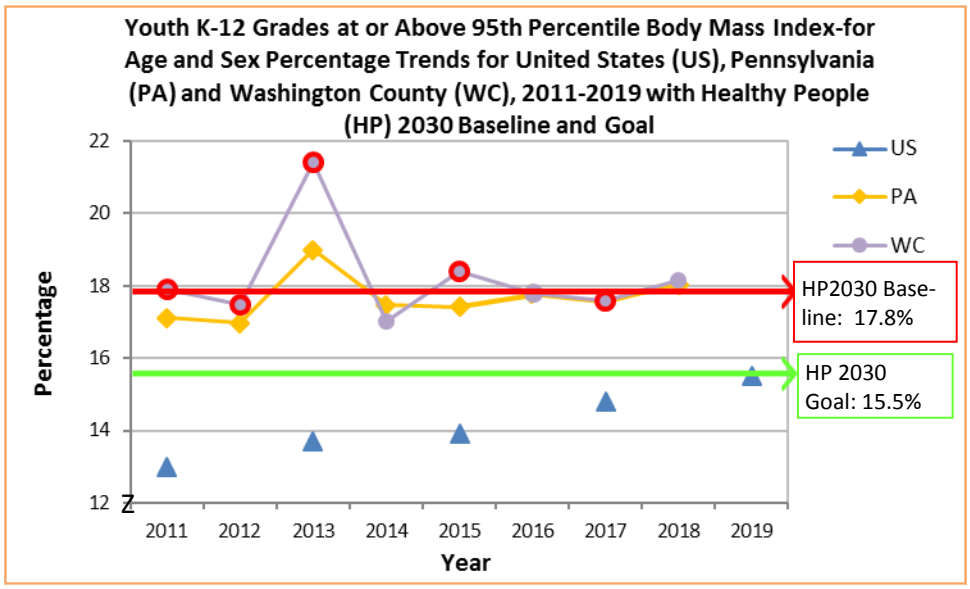
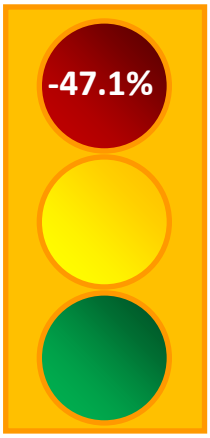


Figure 31: Comparison of percentage of youth obesity by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *YRBS data are self-reported, and the extent of underreporting or over-reporting of behaviors cannot be determined; the data apply only to youth who attend school; when local parental permission procedures are observed in the school-based surveys, procedures are not consistent across sites; state-level data are not available for all 50 states. Two different data sources are used—US are from YRBS (grades 9th -12th) while PA are from mandatory school growth screenings (grades K-12). The HP 2030 baseline and goals rely on NHANES data.*

Data Source(s): For US: *Centers for Disease Control and Prevention (CDC). 1991-2019 High School Youth Risk Behavior Survey Data. Available at http://apps.nccd.cdc.gov/youthonline. Accessed 2-2022.* ***For PA and WC:*** *PA Department of Health, School Statistics, BMI Screening for age, available on line at: https://www.health.pa.gov/topics/school/Pages/Statistics.aspx, accessed 2-2022.*

Food Insecurity



Washington County's (WC) 2020 percent of 13.5% indicates a **47.1% lag** behind the HP2030 goal of 6%. Because the food insecurity measure weight is 2%, the contribution to the 2030 Healthy Community Health Factor Score™ is -0.9%.

Lacking consistent access to food is related to negative health outcomes such as weight gain, premature mortality, asthma, and activity limitations, as well as increased health care costs.[xvii] Figure 32 compares the estimated percentage of households that did not have access to a reliable source of food during the past year for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentages were lower than the US' from 2011 to 2014. WC's percentages were lower than both the US' and PA's in 2017 and 2018 but only lower than the US' in 2016 and 2019. In 2020, WC's percentage is higher than both the US' and PA's. The US' percentages decreased in 2015, 2017, 2018 and 2019 for an overall decrease from 2011 to 2020. PA's trend was static from year to year but overall decreased from 2011 to 2020. WC's trend increased in 2019 and 2020 and decreased in 2017 and 2018 for an overall increase from 2016 to 2020.

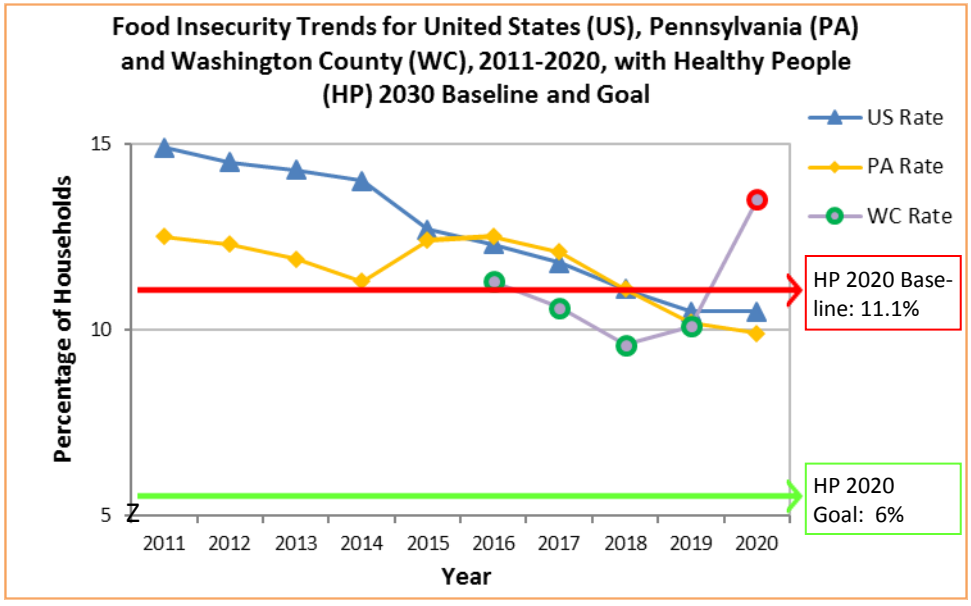
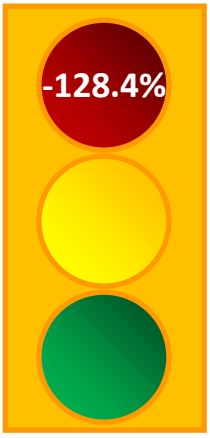


Figure 32: Comparison of percentage food insecure households by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *For the US and PA: Data for the ERS food security reports come from an annual survey conducted by the Bureau of the Census as the December supplement to the monthly Current Population Survey. ERS sponsors the annual Food Security Supplement survey and compiles and analyzes the responses. The 2020 food security survey included 34,330 households that comprise a representative sample of the U.S. civilian population of about 130 million households. For WC: Feeding America analyzes the relationship between food insecurity and its closely linked indicators (poverty, unemployment, homeownership, disability prevalence, etc.) are first analyzed at the state level. Then, the coefficient estimates from this analysis are used in conjunction with the same variables for every county and congressional district. Together, these variables can generate estimated food insecurity rates for individuals and children at the local level.* ***Data Source(s):*** *For the US and PA: Household Food Security in the United States annual reports, available online at: https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/history-background/#annual, accessed 2-2022. For WC: Feeding America uses Current Population Survey, American Community Survey and Bureau of Labor unemployment statistics. Reports available online at https://map.feedingamerica.org/county/2019/overall/pennsylvania, accessed 2-2022. A data request was made for WC data for years 2011 to 2015 but no response was received..*

Fruit Intake



The hospital defined community's (HDC) 2021 age-adjusted percent of 52.8% indicates a **128.4% lag** behind the 2019 US baseline of 60.7%. Because the fruit intake measure weight is 0.5%, the contribution to the 2030 Healthy Community Health Factor Score™ is -0.6%.

A diet rich in a variety of fruits and vegetables lowers the risk of heart disease and stroke. It can also lower blood pressure; protect against certain cancers (mouth, throat, voice box, esophagus, stomach, lung cancer and prostate); help prevent cataract and macular degeneration; and prevent constipation and diverticulitis.[xviii] Figure 33 compares the percentages of people over the age of 18 who eat one or more servings of fruits a day for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentages were no different than the US' in comparable years. HDC's percentage was lower than both the US' and PA's in 2015. The trend for the US's has decreased from 2017 to 2019. PA's trend decreased in 2015 and 2019 and increased in 2017 for an overall static trend from 2013 to 2019. HDC's trend decreased in 2018 and increased in 2021 for an overall static trend from 2015 to 2021.

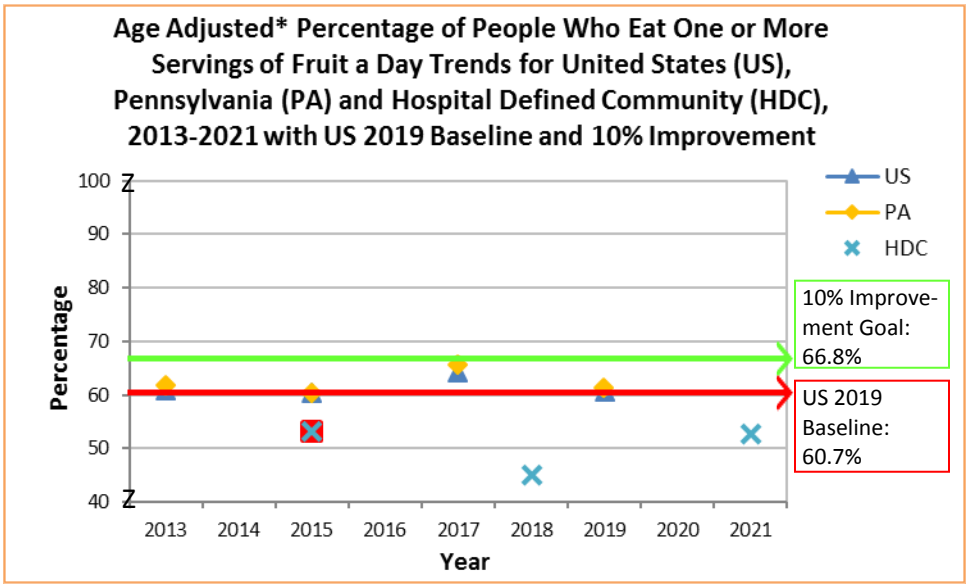
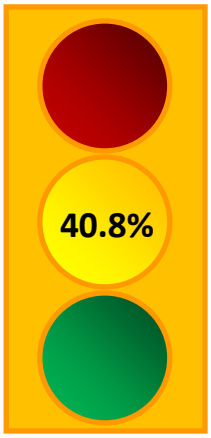


Figure 33: Comparison of people who eat one or more servings of fruit a day by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA. *All percentages are age-adjusted except the US' 2013 and 2015 which are crude, unadjusted percentages.

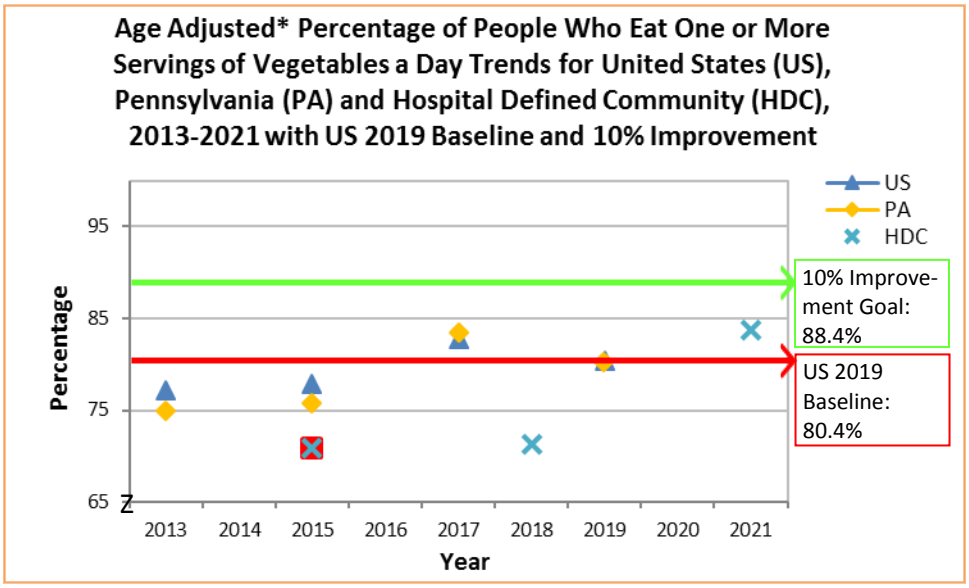
Data Limitations: *Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. Breaks in the trend line indicates the question was not asked in consecutive years. The US' data for 2013 and 2015 is the median value of 50 states and District of Colombia and therefore has no confidence internal calculated. The question was reanalyzed from the 2015 HDC survey to give a more comparable measure by splitting fruit from vegetable intake and may account for the change in the score rather than a true change in the population's behavior.* ***Data Source(s): For US (2017 and 2019):*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Web Enabled Analysis Tool (WEAT), available at, https://nccd.cdc.gov/weat/#/crossTabulation/selectYear, accessed 2-2022.* ***For US (2013 and 2015) and PA:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at https://www.cdc.gov/ brfss/brfssprevalence/index.html, accessed 2-2022.* ***For HDC:*** *Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 and 2021 Community Health Need Assessments.*

Vegetable Intake



The hospital defined community's (HDC) 2021 age-adjusted percent of 83.7% indicates a **40.8% progress** toward the 10% Improvement Goal of 88.4%. Because the fruit intake measure weight is 0.5%, the contribution to the 2030 Healthy Community Health Factor Score™ is 0.2%.

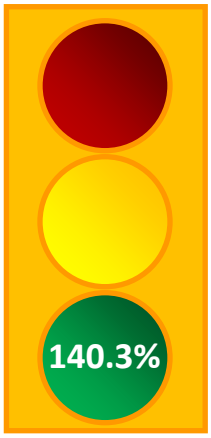
A diet rich in a variety of fruits and vegetables lowers the risk of heart disease and stroke. It can also lower blood pressure; protect against certain cancers (mouth, throat, voice box, esophagus, stomach, lung cancer and prostate); help prevent cataract and macular degeneration; and prevent constipation and diverticulitis.[xix] Figure 34 compares the percentages of people over the age of 18 who eat one or more servings of vegetables a day for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentages were lower than the US' in 2013 and 2015. HDC's percentages were lower than both the US' and PA's in 2015. The US trend increased from 2017 to 2019. PA's trend increased in 2017 and decreased in 2019 for an overall increased from 2013 to 2019. HDC's trend increased in 2021 for an overall increase from 2015 to 2021.



Data Limitations: *Same as previous. For the HDC, the definition of a vegetable included potatoes in 2021 which were not included in previous years.*
Data Source(s): *Same as previous.*

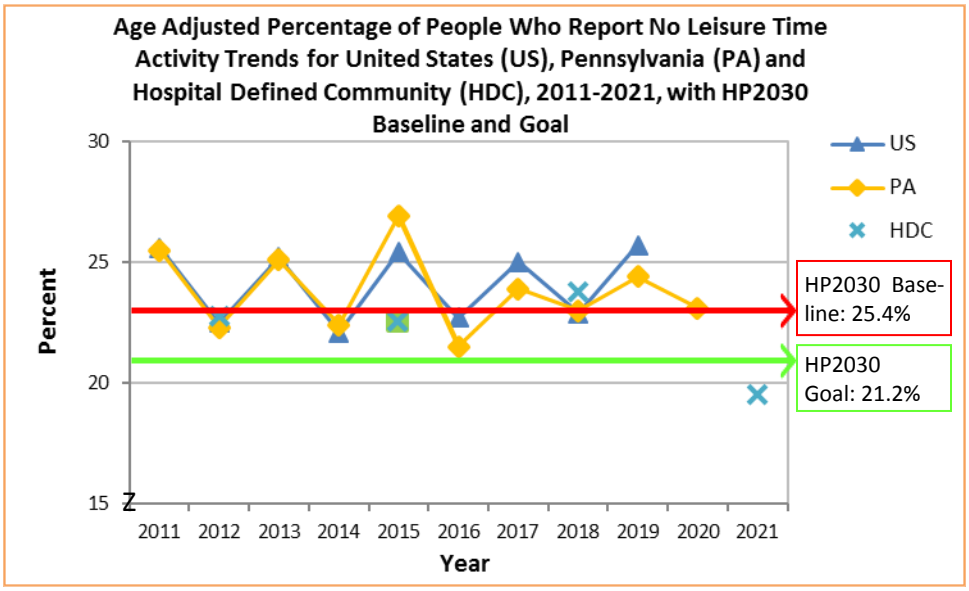
Figure 34: Comparison of people who eat one or more servings of vegetables a day by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA. *All percentages are age-adjusted except the US' 2013 and 2015 which are crude, unadjusted percentages.

Adult Inactivity



The hospital defined community's (HDC) 2021 age-adjusted percent of 19.5% indicates that it has met the HP2030 goal of 21.2% and **exceeded it by 140.3%**. Because the adult inactivity measure weight is 1%, the contribution to the 2030 Healthy Community Health Factor Score™ is 1.4%.

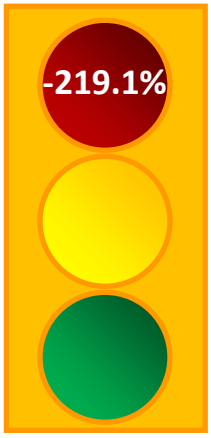
Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity.[xx] Figure 35 compares the percentage of people over the age of 18 who report they have no leisure time activity for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). There were no differences between PA's percentages and the US' for all years. HDC's percentages were lower than PA's in 2015. The US' percentages decreased in 2012 and 2014 and increased in 2013, 2015 and 2019 but the trend remained static overall from 2011 to 2019. PA's percentages decreased in 2012, 2014 and 2016 and increased in 2013 and 2015 but the trend remained static overall from 2011 to 2020. HDC's trend has remained static.



Data Limitations: *Same as previous, except that US data for all years are form the same source.*
Data Source(s): *Same as previous, except the US data was accessed online through the Chronic Disease Indicators available at: https://www.cdc.gov/cdi/, explore by indicator, accessed 2-2022..*

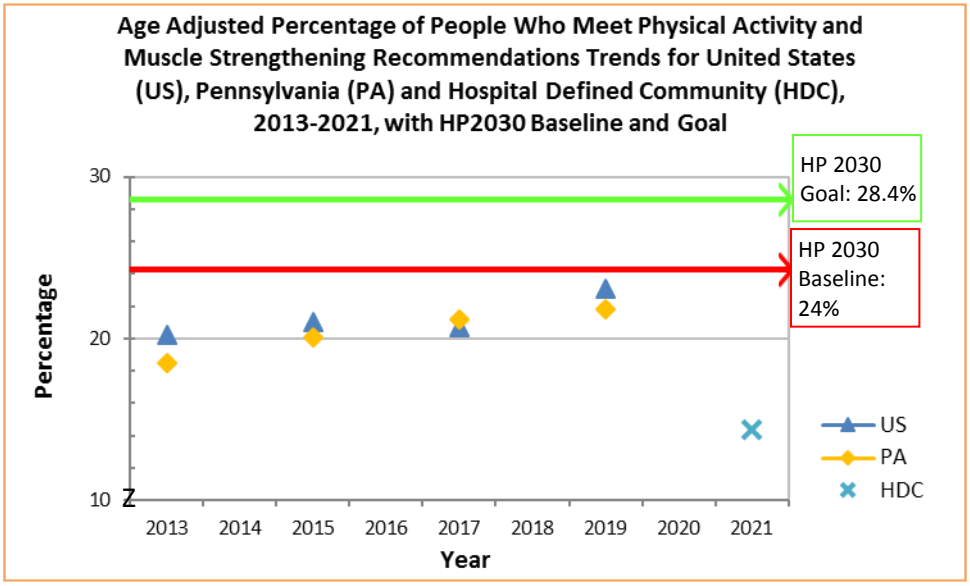
Figure 35: Comparison of people who report they have no leisure time activity by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Meeting Physical Activity and Muscle-Strengthening Recommendations



The hospital defined community's (HDC) 2021 age-adjusted percent of 14.4% indicates a **219.1% lag** behind the HP2030 baseline of 24%. Because the meeting physical activity and muscle-strengthening recommendations measure weight is 1%, the contribution to the 2030 Healthy Community Health Factor Score™ is -2.2%.

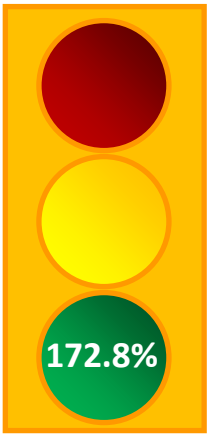
Regular physical activity can prevent the development of cardiovascular disease, colon cancer, high blood pressure, diabetes and osteoporosis. Regular physical activity also helps treat a variety of common illnesses, including arthritis, diabetes and cardiovascular disease.[xxi] Figure 36 compares the percentages of people over the age of 18 who meet the current aerobic physical activity and muscle-strengthening exercise recommendations (either 150 minutes a week of moderate physical activity or 75 minutes a week of vigorous physical activity, or a comparable combination and engage in strengthening exercises at least two days a week) for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). There were no differences between PA's percentages and the US'. The US' trend increased in 2019 for an overall increase from 2013 to 2019. PA's trend was static year to year but showed an overall increase from 2013 to 2019. There are no trend data for the HDC.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

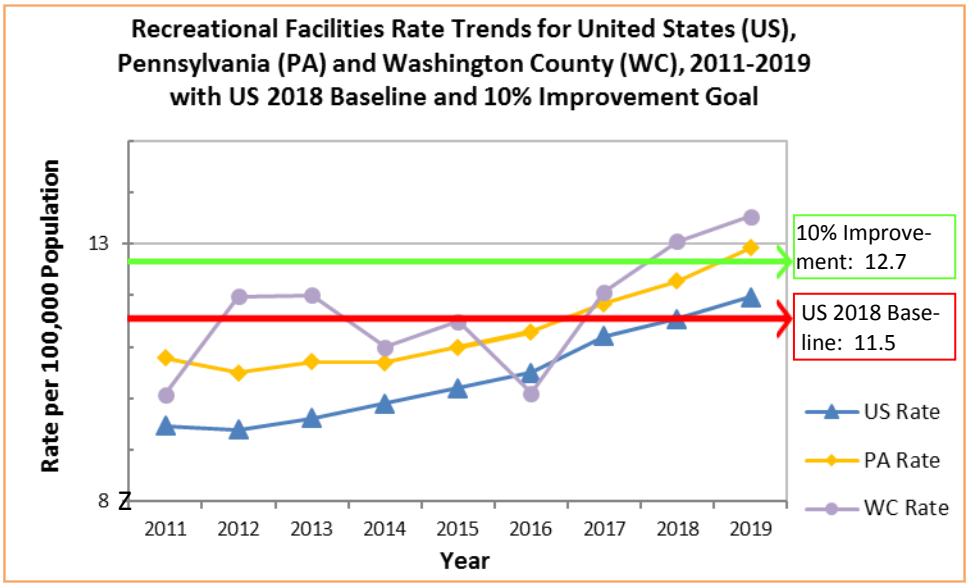
Figure 36: Comparison of percentage of people who meet aerobic physical activity and muscle-strengthening exercise recommendations by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Access to Recreational Facilities



Washington County's (WC) 2019 rate of 13.5 per 100,000 population indicates that it has met the 10% Improvement goal of 12.7 and **exceeded it by 172.8%**. Because the access to recreational facilities measure weight is 1%, the contribution to the 2030 Healthy Community Health Factor Score™ is 1.7%.

The availability of recreational facilities can influence individuals' and communities' choices to engage in physical activity. Proximity to places with recreational opportunities is associated with higher physical activity levels, which in turn is associated with lower rates of adverse health outcomes associated with poor diet, lack of physical activity, and obesity.[xxii] Figure 37 compares the rate of recreational facilities per 100,000 population for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates are higher than the US' for all years except 2017. There were no differences between WC's rates and either the US' or PA's. The trend for the US increased every year from 2014 to 2019 for an overall increase from 2011 to 2019. PA's trend remained static from year to year but showed an overall increase from 2011 to 2019. WC's trend has remained static.

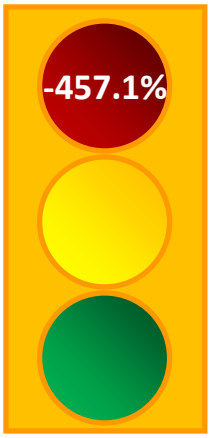


Data Limitations: *American Community Surveys are used to created population estimates in between census years and therefore may be subject to estimation errors. Business codes are self-assigned and therefore may be subject to self-selection bias.*

Data Source(s): *LRF Consulting, LLC calculated measures for all three geographies with data from US Census Bureau: 2011-2019 County Business Patterns, NAICS code 713940, available at https://data.census.gov/, accessed 2-2022.*

Figure 37: Comparison of rates of recreational facilities per 100,000 population by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Alcohol-Impaired Driving Deaths



Washington County's (WC) 2017-2019 average percent of 33.8% indicates a **457.1% lag** behind the HP2030 baseline of 29.3%. Because the alcohol-impaired driving death measure weight is 2.5%, the contribution to the 2030 Healthy Community Health Outcome Score™ is -11.4%.

Alcohol-impaired driving deaths directly measures the relationship between alcohol and motor vehicle crash deaths. Alcohol is a substance that reduces the function of the brain, impairing thinking, reasoning, and muscle coordination, which are essential to operating a vehicle safely.[xxiii] Figure 38 compares the motor vehicle crash deaths involving an alcohol-impaired driver with a blood alcohol concentration (BAC) of 0.08 grams/deciliter (g/dL) or higher for the US (blue triangle), PA (gold diamond) and WC (purple circle). There were no differences between the US', PA's or WC's percentages. The trend for the US percent decreased in 2015 and 2019 for an overall decrease from 2011 to 2019. Both PA's and WC's percent trends were static. Overall, WC's nine-year average percent (34.6%) was no different than both PA's and the US' and there was also no difference between PA and the US (29.4% and 29.6, respectively).

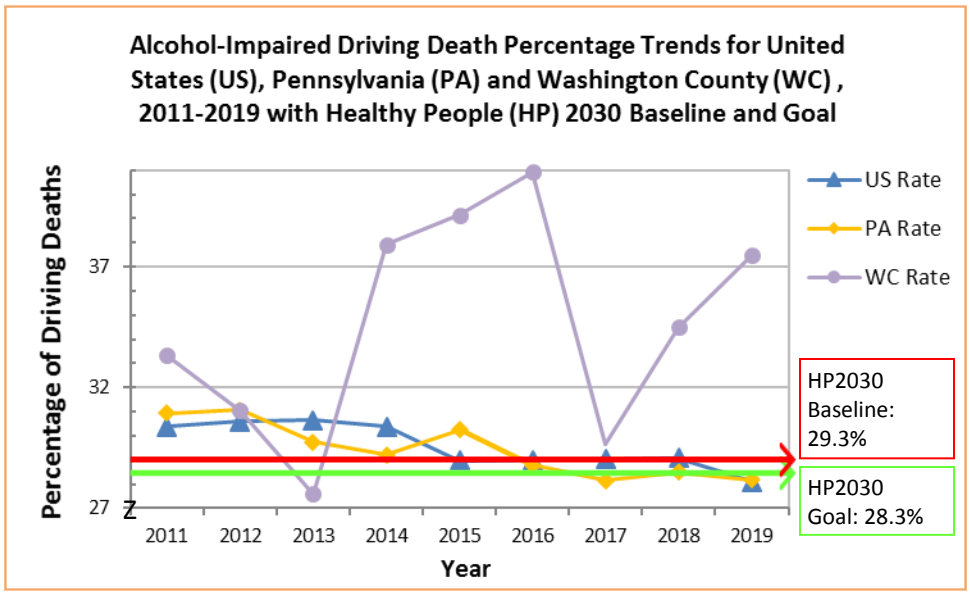
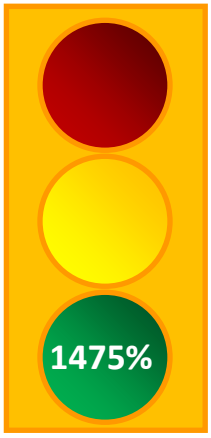


Figure 38: Comparison of percent of driving deaths due to alcohol impaired driving by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *To qualify as a FARS case, the crash had to involve a motor vehicle traveling on a trafficway customarily open to the public, and must have resulted in the death of a motorist or a non-motorist within 30 days of the crash.. This measure considers the percentage of crash deaths involving alcohol, not the number of total crashes or the number of total crashes involving alcohol. Another limitation of this measure is that not all fatal motor vehicle traffic accidents have a valid blood alcohol test, so these data are likely an undercount of actual alcohol involvement. A final limitation is that even though alcohol is involved in all cases of alcohol-impaired driving, there can be a large difference in the degree to which it was responsible for the crash (e.g. someone with a 0.01 BAC vs. 0.35 BAC).*

Data Source(s): *National Highway Traffic Safety Administration's Fatality Analysis Reporting System online database, available at: https://cdan.dot.gov/query, accessed 2-2022.*

Binge Drinking



The hospital defined community's (HDC) 2021 age-adjusted percent of 8.9% indicates it has met the HP2030 goal of 26.6% and **exceeded it by 1475%**. Because the binge drinking measure weight is 1.25%, the contribution to the 2030 Healthy Community Health Factor Score™ is 18.4%.

Excessive drinking (defined as binge and heavy drinking) is a risk factor for a number of adverse health outcomes: alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence and motor vehicle crashes.[xxiv] Binge drinking is defined as four or more drinks at one time for females and five or more drinks at one time for males during the past 30 days. Figure 39 compares the percent of people over 18 years of age who report that they have engaged in binge drinking for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentage was significantly higher than the US in 2016. HDC's percentages was higher than both the US's and PA's in 2015 and only higher than the US' in 2018. The US' and PA's trends have been static. HDC's trend increased in 2015 but decreased in 2018 and 2021 for an overall decrease from 2012 to 2021.

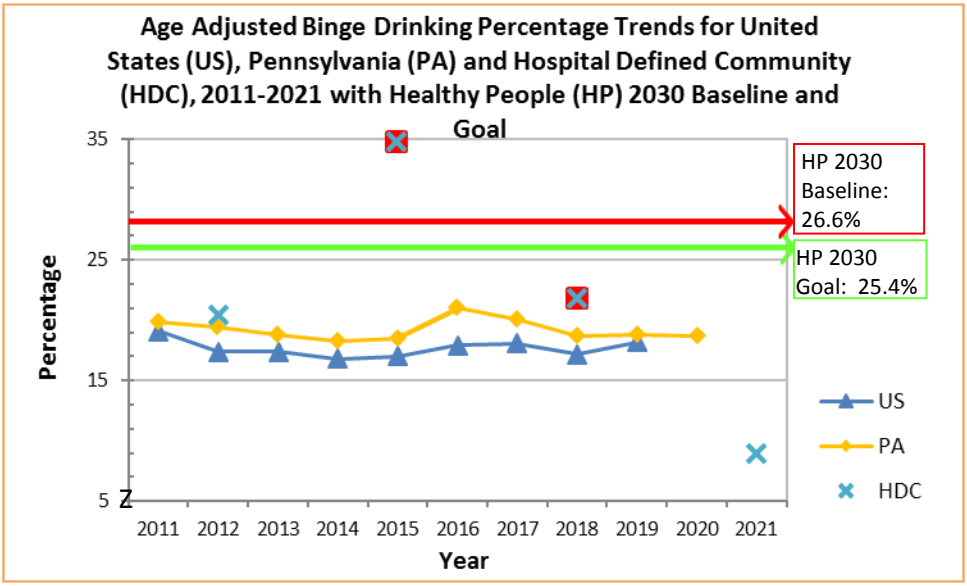
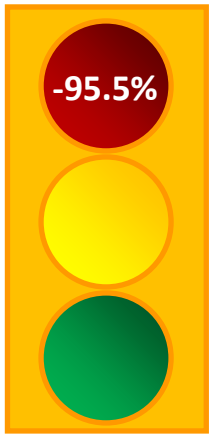


Figure 39: Comparison of percentage of people over the age of 18 reporting binge drinking in the past 30 days (5 or more drinks in one occasion for men and more than 4 for women) by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

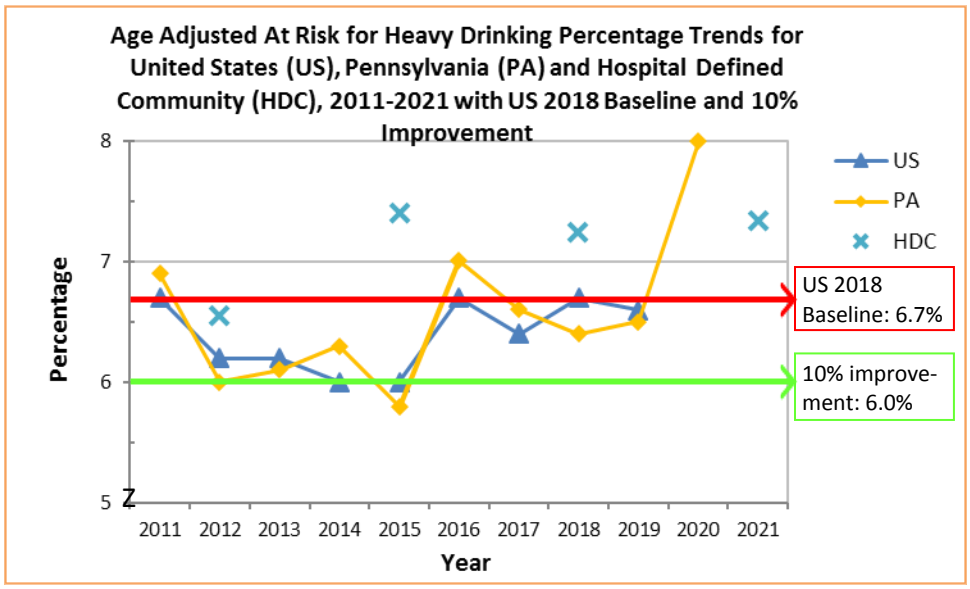
Data Limitations: *Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. HP2030 uses National Survey on Drug Use and Health instead of BRFSS to set baselines and goal. This creates a gap between the data and the benchmarks.* ***Data Source(s): For US:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: Chronic Disease Indicators. available at: https://nccd.cdc.gov/cdi. Accessed 2-2022.* ***For PA:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at https://www.cdc.gov/ brfss/brfssprevalence/ index.html, accessed 2-2022.* ***For HDC:*** *Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 and 2021 Community Health Need Assessments.*

At Risk for Heavy Drinking



The hospital defined community's (HDC) 2021 age-adjusted percent of 7.3% indicates a **95.5% lag** behind the US 2018 baseline of 6.7%. Because the at risk for heavy drinking measure weight is 1.25%, the contribution to the 2030 Healthy Community Health Factor Score™ is -1.2%.

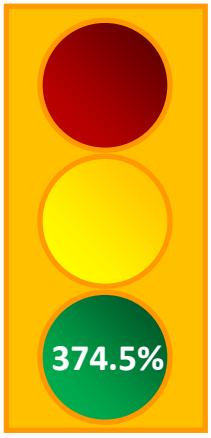
Excessive drinking (defined as binge and heavy drinking) is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.[xxv] At risk for heavy drinking is defined as an average of more than one or more drinks per day for females and an average of more than two or more drinks per day for males during the past 30 days. Figure 40 compares the percent of people over 18 years of age who report that they have engaged in heavy drinking (defined as a monthly average of more than two or more drinks for men and more than one or more for women) for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). There were no differences between the US', PA's and HDC's percentages. The trends for all geographies were static from 2011 to their most recent datum point.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Figure 40: Comparison of percentage of people over the age of 18 reporting heavy drinking in the past 30 days (average of more than 2 for men and more than 1 for women) by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Chlamydia



Washington County's (WC) 2019 rate of 432 Chlamydia infections per 100,000 females indicates that it has met the 10% improvement of 621.5 and **exceeded it by 374.5%**. Because the Chlamydia measure weight is 2.5%, the contribution to the 2030 Healthy Community Health Factor Score™ is 9.4%.

Chlamydia is the most common bacterial Sexually Transmitted Infection (STI) in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain.[xxvi] Figure 41 compares the rate per 100,000 female population of reported cases of Chlamydia for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's rates were significantly lower than the US for all years, and WC's rates were lower than PA's for all years. The trend for the US' rates decreased in 2012 and 2013 but increased every year between 2014 to 2019 for an overall increase from 2011 to 2019. PA's rate trend increased in 2012, 2015, 2016, 2018 and 2019 and decreased in 2013, 2014 and 2017 for an overall increase from 2011 to 2019. WC's trend rate increased in 2018 but has been static from 2011 to 2019.

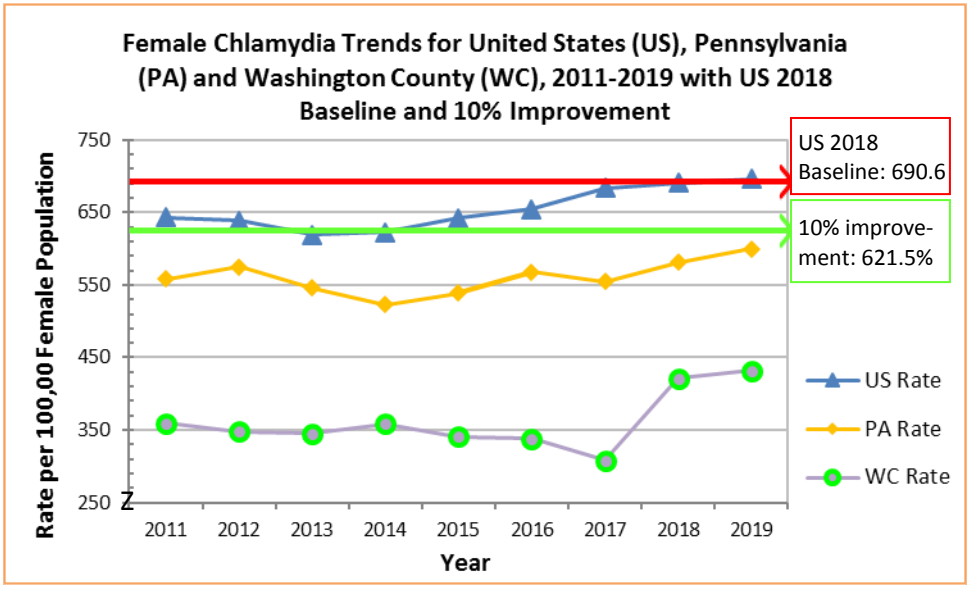
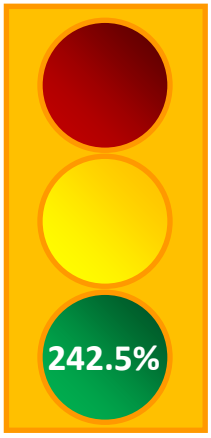


Figure 41: Comparison of Chlamydia rate by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Case report data are influenced by screening coverage and the use of several different types of diagnostic tests for chlamydial infection. Chlamydia positivity in women attending clinics is an estimate of prevalence; it is not true prevalence. Family planning and other clinic-based data reported to CDC may not be fully representative of the entire clinic population.* ***For WC:*** *"These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions."*

Data Source(s): For the US and PA: *Centers for Disease Control and Prevention, accessed 2-2022, available online at https://www.cdc.gov/nchhstp/atlas/index.htm.* ***For WC:*** *EDDIE, (Enterprise Data Dissemination Informatics Exchange), Pennsylvania Department of Health, Bureau of Communicable Diseases, accessed online 2-2022.*

Teen Pregnancy Rate



Washington County's (WC) 2019 rate of 14.3 per 1000 pregnancies for 15-19 year-olds indicates it has met the HP2030 goal of 31.4 and **exceeded it by 690.0%**. Because the teen pregnancy rate measure weight is 1.25%, the contribution to the 2030 Healthy Community Health Factor Score™ is 3%.

Teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infection (STI) and is associated with poor prenatal care and pre-term delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, systemic infections, low birthweight, preterm delivery and severe neonatal conditions.[xxvii] Figure 42 compares the pregnancy rate of females between ages 15 and 19 per 1,000 pregnancies for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's 2017 rates were lower than the US', the only year that a confidence interval could be constructed for the US. WC's rate was lower than PA's in every year. The trend for the US rate seemed to decrease every year, but without confidence intervals it cannot be verified. PA's trend decreased in 2012 through 2017 for an overall decrease from 2011 to 2019. WC's trend was static from year to year but decreased overall from 2011 to 2019.

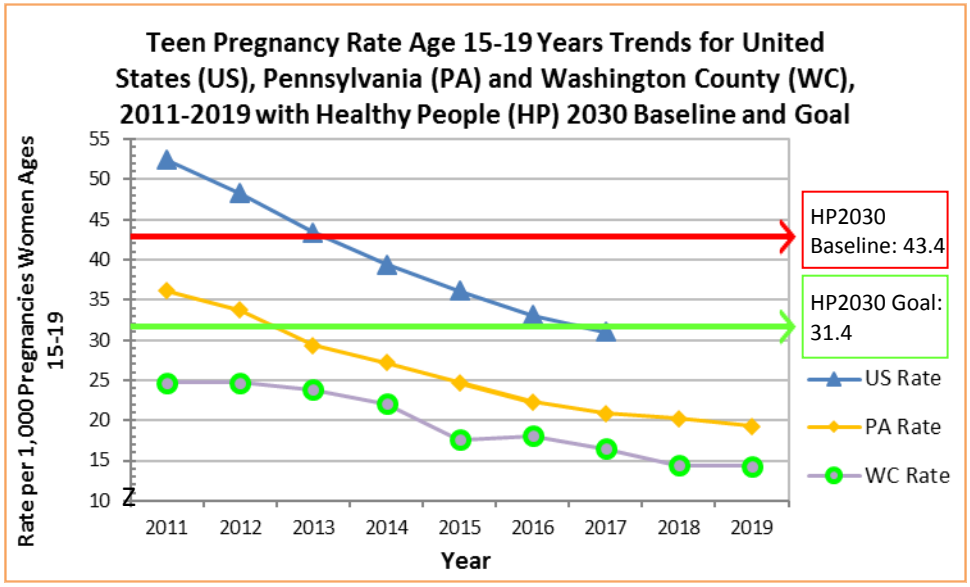
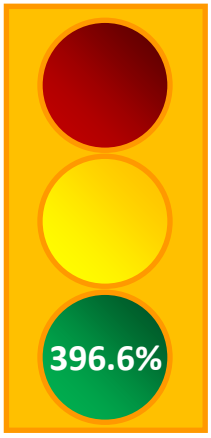


Figure 42: Comparison of teen pregnancy rates (ages 15-19 years) by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

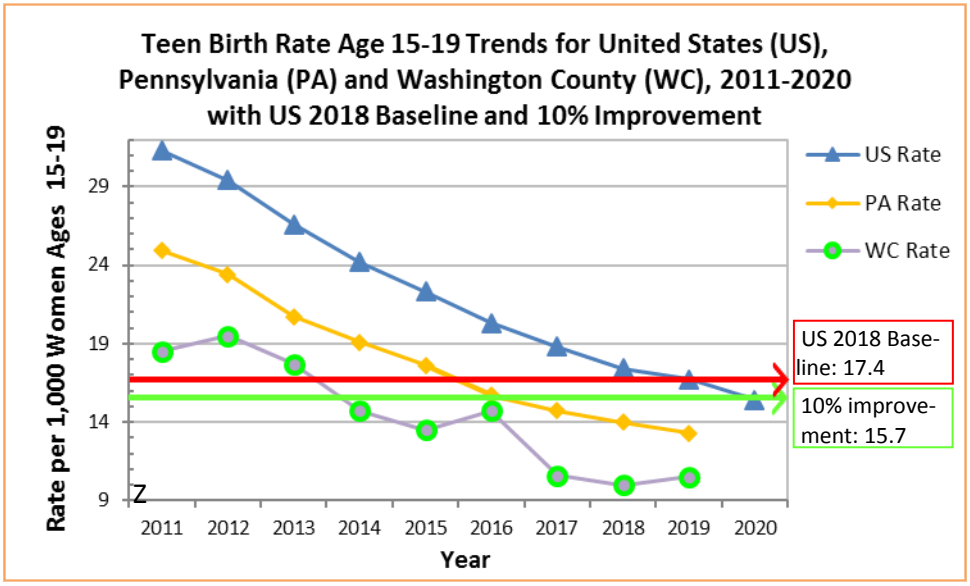
Data Limitations: *These data are not adjusted to reflect women's age at conception or the year in which she conceived. Second, unlike some other reports, this one includes estimated numbers and rates of pregnancies ending in miscarriage. Denominators are based on population estimates that are produced by the Census Bureau in collaboration with NCHS for July 1 of each year and revised periodically; hence, our rates may differ slightly from those published elsewhere, depending on which year the population estimates were made (the "vintage") or whether the rates have been updated using the intercensal population estimates available after each national census. For the years 1980, 1990 and 2000, NCHS uses the April 1 census counts and we use the July 1 estimates.* ***Data Source(s): For US:*** *Kost, K, Maddow-Zimet, I, and Kost, K.. Pregnancies, Births and Abortions in the United States, 1973-2017: National and State Trends by Age., available at: https://www.guttmacher.org/report/pregnancies-births-abortions-in-united-states-1973-2017, accessed 2-2022.* ***For PA and WC:*** *EDDIE, (Enterprise Data Dissemination Informatics Exchange), Pennsylvania Department of Health, Birth Certificate Data, accessed online 2-2022.*

Teen Birth Rate



Washington County's (WC) 2019 rate of 10.5 per 1000 females aged 15-19 years old indicates it has met the 10% improvement goal of 15.7 and **exceeded it by 396.6%**. Because the teen birth rate measure weight is 1.25%, the contribution to the 2030 Healthy Community Health Factor Score™ is 5%.

Teen mothers are more likely to have a pre-term delivery and low birth weight, increasing the risk of child developmental delay, illness, and mortality.[xxviii] Figure 43 compares the birth rate of females aged 15-19 years per 1,000 women ages 15-19 for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were lower than the US for all comparable years. WC's rate was lower than the US' rates for all years and lower than PA's rates in 2011, 2014, 2015, 2017 and 2018. The trend for the US rate decreased every year for an overall decrease from 2011 to 2020. PA's trend decreased every year from 2012 to 2017 for an overall decrease from 2011 to 2019. WC's trend was static year to year but showed an overall decrease from 2011 to 2019.

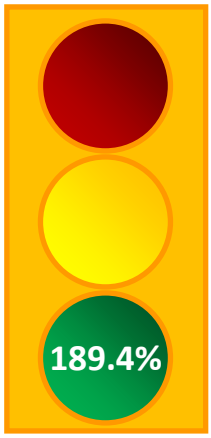


Data Limitations: *Same as previous.*
Data Source(s): For US: *Centers for Disease Control and Prevention, CDC WONDER, Births, Natality for 2007 to 2020, available at: https://wonder.cdc.gov/natality-current.html accessed 2-2022.* ***For PA and WC:*** *Same as previous.*

Figure 43: Comparison of teen birth rates (ages 15-19 years) by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Results—Health Factors—Clinical Care

Adults with Health Insurance



The hospital defined community's (HDC) 2021 age-adjusted percent of 97.2. indicates it has met the HP2030 goal of 92.1% and **exceeded it by 189.4%**. Because the adults with health insurance measure weight is 5%, the contribution to the 2030 Healthy Community Health Factor Score™ is 9.5%.

Lack of health insurance coverage is a significant barrier to accessing needed health care.[xxix] Figure 44 compares the percentage of people between the ages of 18 and 64 who currently have health insurance for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentage was higher than the US in all years. HDC's percentage was higher than both the US' and PA's in all comparable years. US' trend decreased in 2012, 2017 and 2019 and increased every year from 2013 to 2016 and in 2018 and 2020 for an overall increase from 2011 to 2020. PA's trend increased in 2014 for an overall increase from 2011 to 2020. HDC's trend increased in 2015 but overall has been static from 2012 to 2021.

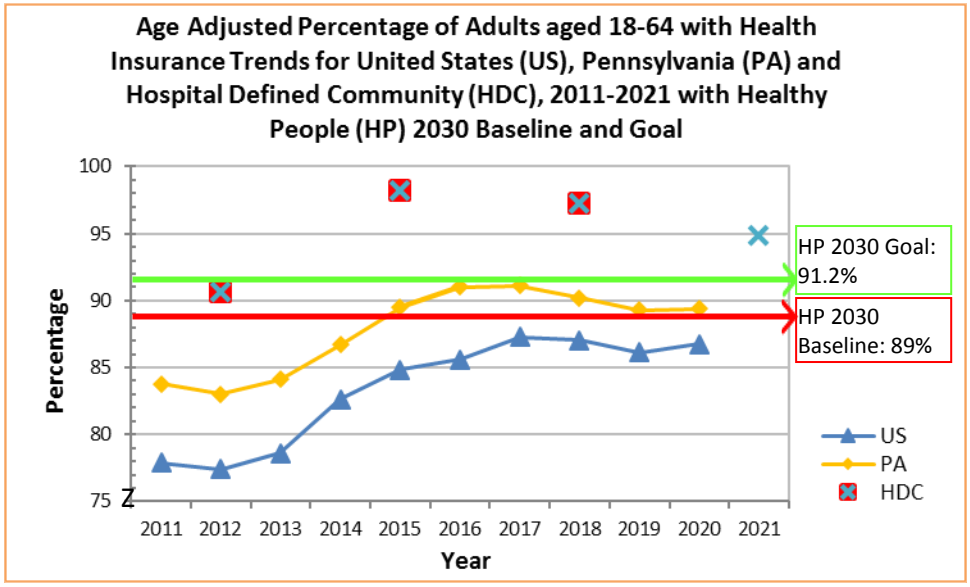
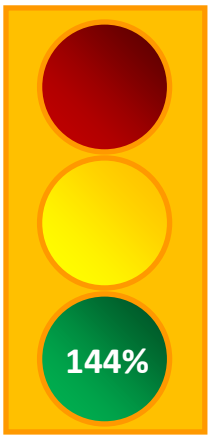


Figure 44: Comparison of uninsured adults by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data.* ***For HDC:*** *HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.* ***Data Source(s): For US:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Web Enabled Analysis Tool (WEAT), available at, https://nccd.cdc.gov/weat/index.html#/crossTabulation, accessed 2-2022.* ***For PA:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at https://www.cdc.gov/brfss/brfssprevalence/index.html, accessed 2-2022.* ***For HDC:*** *Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 and 2021 Community Health Need Assessments.*

Primary Care Physician Ratio



Washington County's (WC) 2018 ratio of 1280 to 1 indicates that it has met the Graham Center goal of 1500 to 1 and has exceeded it by 144%. Because the primary care physician ratio measure weight is 3%, the contribution to the 2030 Healthy Community Health Factor Score™ is 4.3%.

According to Robert Phillips, M.D., M.P.H., executive director of the Graham Center, family physicians can have a sizeable impact on reducing health care costs and hospitalization rates when the patient-to-physician ratio is 1,500-2,000 patients for every one primary care physician. In addition, said Phillips, the ability of primary care physicians to reduce health care costs and hospitalization rates is even greater when the patient-to-physician ratio is smaller.[xxx] Figure 45 compares the population to direct care primary care physician ratio for the US (blue triangle), PA (gold diamond) and WC (purple circle). There are no differences between the US', PA's and WC's ratios in all comparable years. The trend for the US decreased in 2019 for an overall decrease from 2013 to 2019. PA's and WC's ratios remained static.

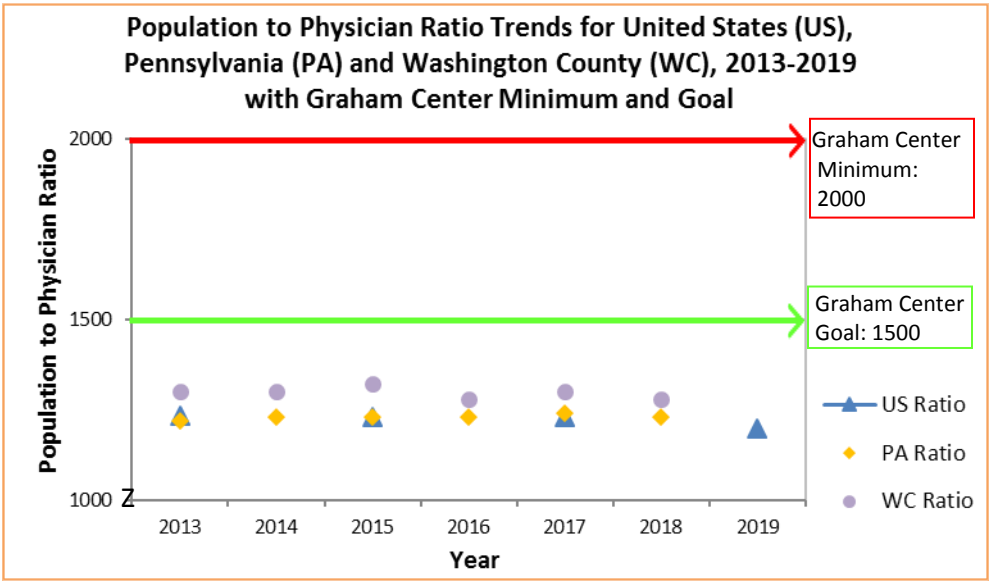
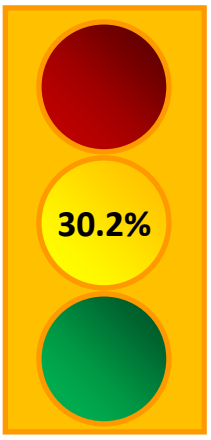


Figure 45: Comparison of primary care physician ratios by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Two different sources of data were compared. The definition of primary care for both sources is slightly different. The US data source uses active physicians while the PA and WC source does not specify this.* ***Data Source(s): For US:*** *Association of American Medical Colleges, Center for Workforce Studies, Physician Specialty Data Reports., available at: https://www.aamc.org/data-reports/workforce/report/physician-specialty-data-report, accessed 2-2022.* ***For PA and WC:*** *County Health Rankings, available at: https://www.Countyhealthrankings.org/app/pennsylvania/2021/measure/factors/4/map, accessed 2-2022.*

Dental Visits



The hospital defined community's (HDC) 2021 age-adjusted percent of 65.2% indicates a **30.2% progress** toward the 10% Improvement Goal of 74.3%. Because the dental visit measure weight is 1%, the contribution to the 2030 Healthy Community Health Factor Score™ is 0.3%.

A growing body of evidence has linked oral health, particularly periodontal (gum) disease, to several chronic diseases, including diabetes, heart disease, and stroke. In pregnant women, poor oral health has also been associated with premature births and low birth weight.[xxxi] Figure 46 compares the percentage of people over the age of 18 who have visited the dentist for any reason in the past year for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'.) PA's percentages are higher than the US' in 2012 and 2014. There are no differences in HDC's percentages with either the US' or PA's in comparable years. The US trend was static from 2012 to 2020. PA's trend increased in 2018 but was static from 2012 to 2020. HDC's trend was static.

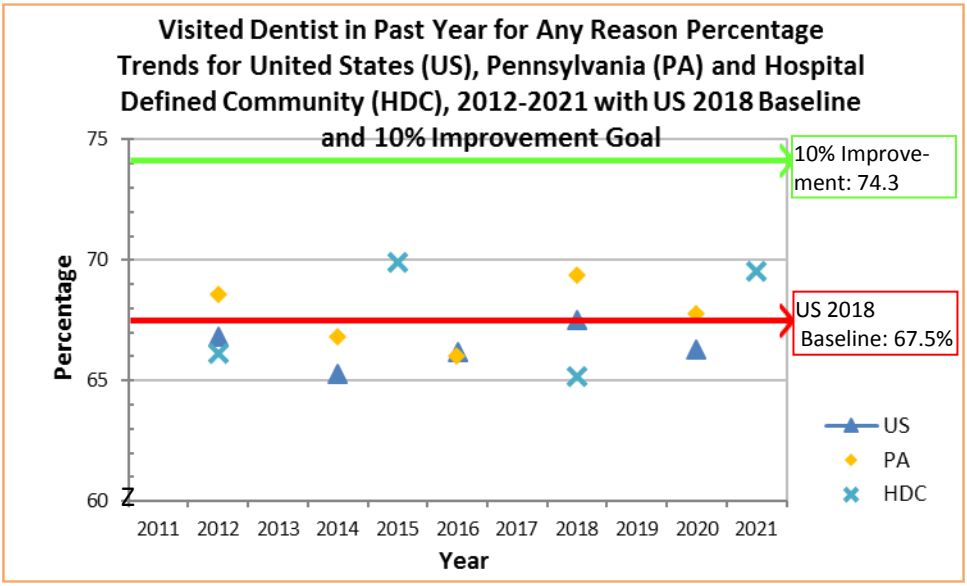
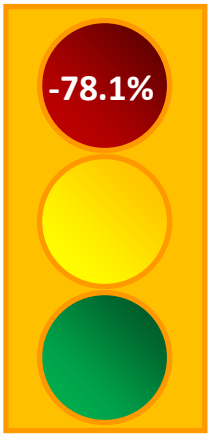


Figure 46: Comparison of dental care visit in the past year by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

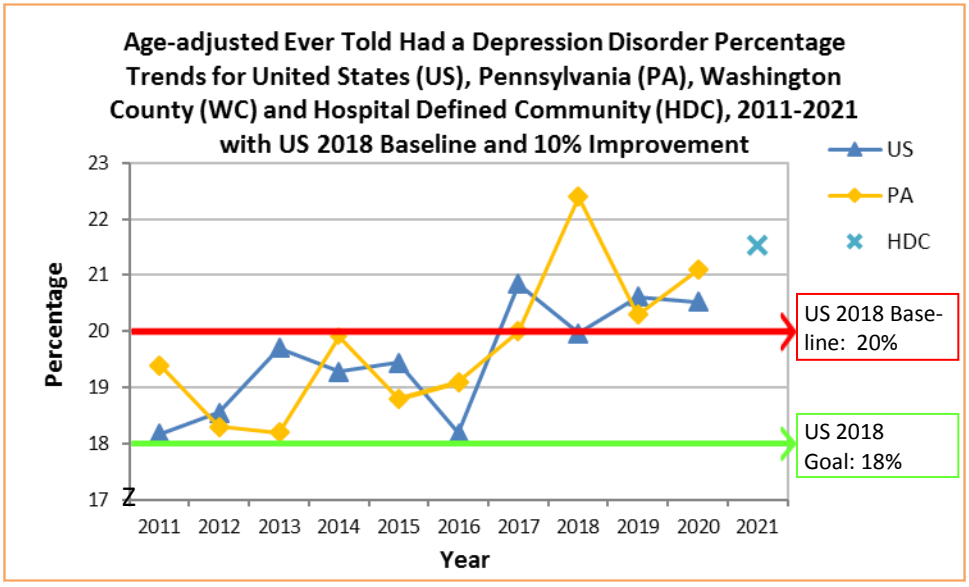
Data Limitations: *Gaps in years of data are caused by the question not being used for that year's survey and/or the survey was not done that year. Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data.* ***For HDC:*** *Data was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.* ***Data Source(s): For US:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: Chronic Disease Indicators. available at: https://nccd.cdc.gov/cdi, accessed 4-2022.* ***For PA:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at https://www.cdc.gov/brfss/brfssprevalence/index.html, accessed 2-2022.* ***For HDC:*** *Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 and 2021 Community Health Need Assessments.*

Depressive Disorders



The hospital defined community's (HDC) 2021 age-adjusted percent of 21.5% indicates a **78.1% lag** behind the US 2018 baseline of 20%. Because depressive disorders measure weight is 1%, the contribution to the 2030 Healthy Community Health Factor Score™ is -0.8%.

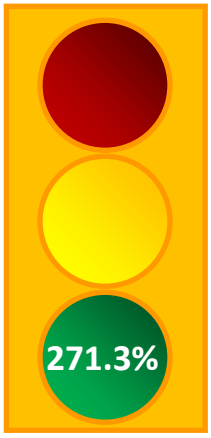
Depressive disorders include major, minor and/or chronic depression and affect how a person feels and can also cause changes in their body. It disrupts sleep and appetite; causes malfunctions in cognitive ability, immune function and the cardiovascular system; and increases the risks of drug/alcohol abuse and suicide.[xxxii] Figure 47 compares the percentage of people over the age of 18 who were ever told they have a depressive disorder by a health care provider for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentages were higher in 2011 and 2018 but lower in 2013 as compared to the US'. The US' trend increased in 2012, 2013, 2017 and 2019 and decreased in 2014, 2016 and 2018 for an overall increase from 2011 to 2020. PA's trend has been static year to year and overall, from 2011 to 2020.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous, except for US: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Web Enabled Analysis Tool (WEAT), available at, https://nccd.cdc.gov/weat/#/crossTabulation/selectYear, accessed 2-2022. .*

Figure 47: Comparison of people who were ever told they have a depressive disorder by a health care provider by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the

Preventable Hospital Stays--Overall



The hospitals' defined community's (HDC) age-adjusted 2018-2020 average rate of 882.2 for overall preventable hospital stays per 100,000 defined community's population indicates that it has met the 2018 US 10% improvement goal of 1089.6 and **exceeded it by 271.3%**. Because the overall preventable hospital stays measure weight is 5%, the contribution to the 2030 Healthy Community Health Factor Score™ is 13.6%.

Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population's tendency to overuse the hospital as a main source of care. Possibly preventable hospital stays in PA comprised 12.7% of all stays in 2017.[xxxiii] Figure 48 compares the rate of preventable admissions for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's rates cannot be directly compared to either the US' or HDC's as they are not age-adjusted or able to have confidence intervals constructed. HDC's rates are lower than the US' for all comparable years. The US trend decreased in 2013, 2016 and 2018 but increased in 2017 for an overall decrease from 2012 to 2018. The trend for HDC's rate increased in 2012 and 2019 and decreased in 2018 and 2020 for an overall increase from 2011 to 2020.

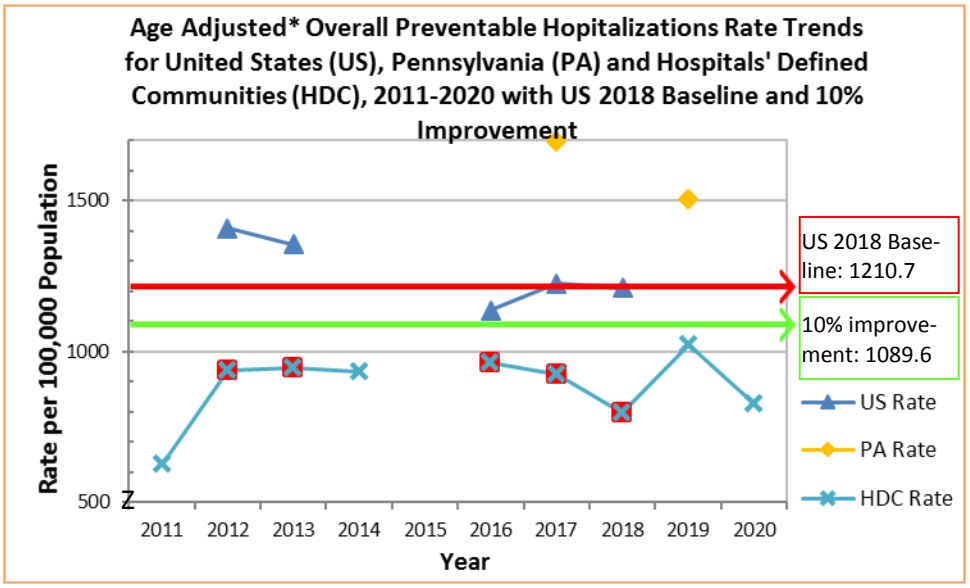
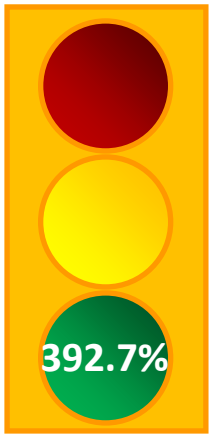


Figure 48: Comparison of age-adjusted overall preventable hospitalization rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA. *All data is age-adjusted except PA rates.

Data Limitations: *US and HDC rates were age-adjusted to the 2000 US standard population. Gaps in years of data are caused by no report done that year. The gap in year 2015 reflects transition to ICD-10 codes in October and the inability to analyze a calendar year of data with mixed ICD-9 and ICD-10 codes with the WinQI Software.* ***Data Source(s): For the US:*** *Agency for Healthcare Research and Quality, Benchmark Data Tables for the PQI available online at https://qualityindicators.ahrq.gov/measures/pqi_resources and https://qualityindicators.ahrq. gov/archive/qi_modules?1#PQI-TechSpec under Comparative/Benchmark Data drop down menu, accessed 2-2022.* ***For PA:*** *Pennsylvania Health Care Cost Containment Council: Potentially Preventable Hospitalizations in Pennsylvania 2010, June 2010; Pennsylvania Health Care Cost Containment Council, Chronic Health Care Conditions in Pennsylvania—A State of Health Care in PA Report, June 2010; and Research Brief Potentially Preventable Hospitalizations in PA, April 2018, revised May 2018.* ***For HDC:*** *For years 2011 to 2014, admission data provided by Monongahela Valley Hospital and Washington Health System and data analysis performed by Washington County Health Partners in PASW Statistics 17.0, version 17.0.2, 3-2016. For years 2016-2020, admission data provided by Penn Highlands Mon Valley Hospital and Washington Health System (including Greene County hospital site) and data analysis performed by LRF Consulting, LLC in WinQI v2021, July 2021 64-Bit without APR-DRG Grouper.*

Influenza Vaccine



The hospital defined community's (HDC) 2021 percent of 75.3% indicates that it has met the 2018 US 10% improvement goal of 59.5% and **exceeded it by 392.7%**. Because the influenza vaccine measure weight is 1.25%, the contribution to the 2030 Healthy Community Health Factor Score™ is 4.5%.

The influenza vaccine is 37% effective in preventing hospitalization and 52% to 79% effective in preventing death from the flu in the over 65 years of age group.[xxxiv] Figure 49 compares the percentages of people aged 65 years and older who have received the influenza vaccine in the past year for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentage was higher in 2016, 2018 and 2019 compared to the US'. HDC's percentages are higher than both the US' and PA's for all comparable years. The US trend decreased in 2012, 2014, 2016 and 2018 and increased in 2013, 2017, 2019 and 2020 for an overall increase from 2011 to 2020. PA's percentages increased in 2019 for an overall static trend. HDC's trend remains static.

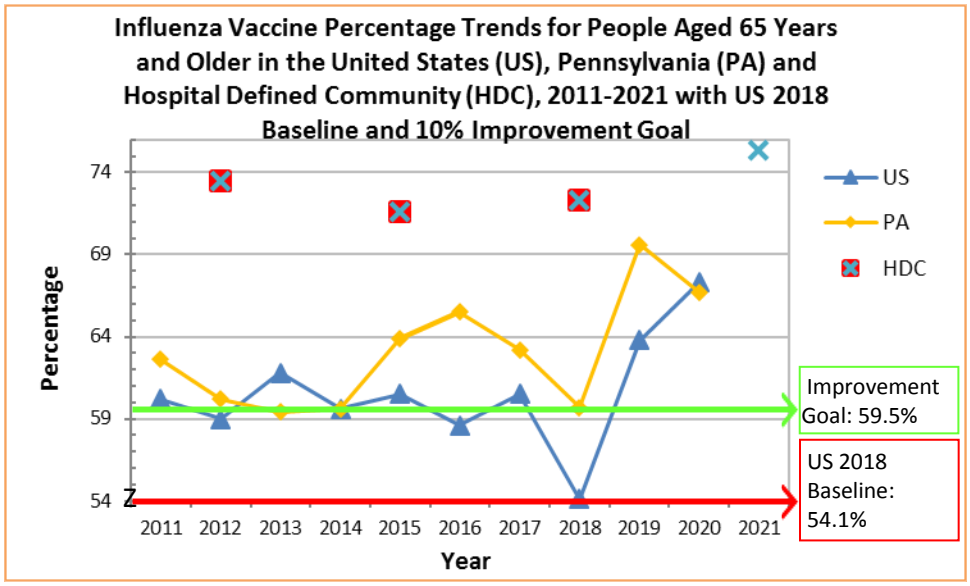
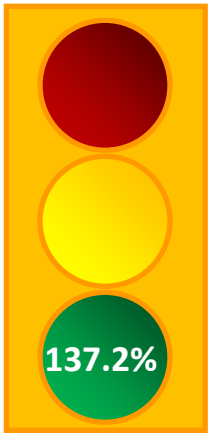


Figure 49: Comparison of percentage of people aged 65 and older who have received an influenza vaccine in the past year by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

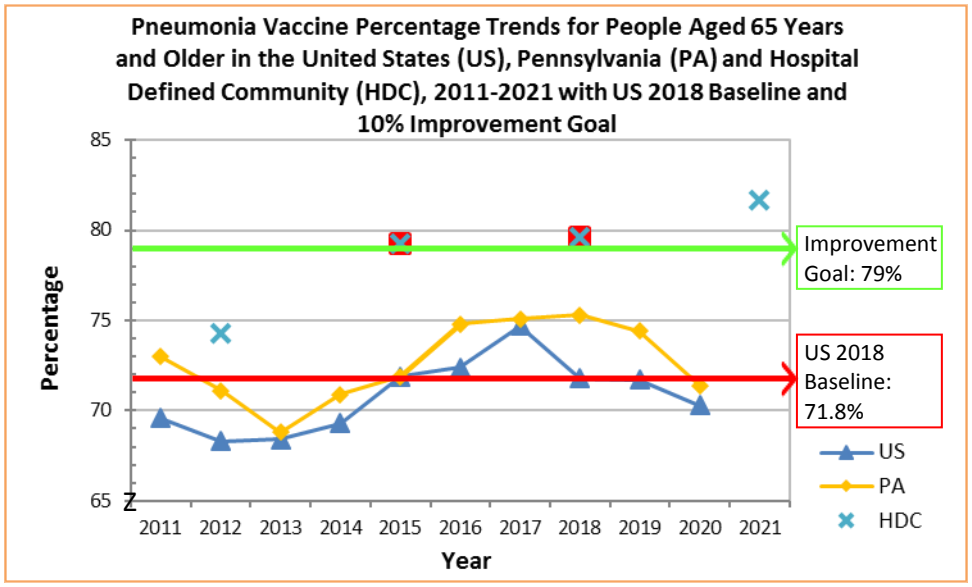
Data Limitations: *Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. Breaks in the trend line indicates the question was not asked in consecutive years. The US' data for 2013 and 2015 is the median value of 50 states and District of Colombia and therefore has no confidence internal calculated. The question was reanalyzed from the 2015 HDC survey to give a more comparable measure by splitting fruit from vegetable intake and may account for the change in the score rather than a true change in the population's behavior.* ***Data Source(s): For US:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Web Enabled Analysis Tool (WEAT), available at, https://nccd.cdc.gov/weat/#/crossTabulation/selectYear, accessed 2-2022.* ***For PA:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at https://www.cdc.gov/ brfss/brfssprevalence/index.html, accessed 2-2022.* ***For HDC:*** *Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 and 2021 Community Health Need Assessments.*

Pneumonia Vaccine



The hospital defined community's (HDC) 2021 percent of 81.7% indicates that it has met the 2018 US 10% improvement goal of 79% and **exceeded it by 137.2%**. Because the pneumonia vaccine measure weight is 1.25%, the contribution to the 2030 Healthy Community Health Factor Score™ is 1.4%.

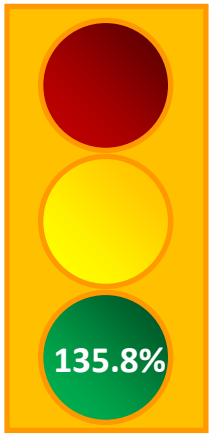
Pneumococcal vaccines protects between 50% to 85% against invasive disease due to specific strains of the *Streptococcus pneumoniae* bacteria.[xxxv] Figure 50 compares the percent people aged 65 years and older who have ever received a pneumonia vaccine for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentages were higher than the US's in 2011 and 2012. HDC's percentage was higher than the US' in 2015 and 2018. The US' trend decreased in 2012, 2018 and 2020 and increased in 2015 and 2017 for an overall static trend from 2011 to 2020. The trends for PA's and HDC's rates have been static.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

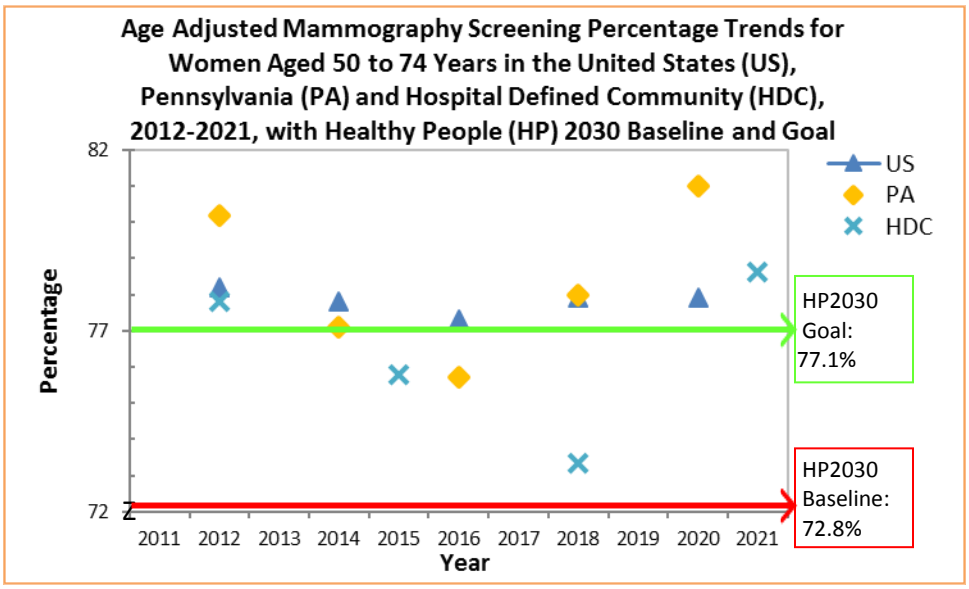
Figure 50: Comparison of people aged 65 years and older who have ever received a pneumonia vaccine by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Mammography



The hospital defined community's (HDC) 2021 age-adjusted percent of 73.3% of women aged 50 to 74 years who have had a mammogram in the past two years indicates it has met the HP2030 goal of 77.1% and **exceeded it by 135.8%**. Because the mammography measure weight is 1.25%, the contribution to the 2030 Healthy Community Health Factor Score™ is 1.7%.

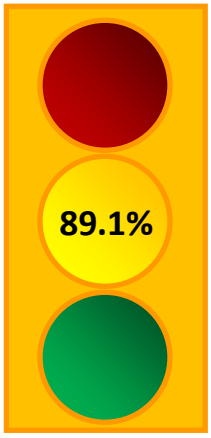
Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women.[xxxvi] Figure 51 compares the percentage of women aged 50 to 74 years who have received a mammogram in the past two years for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). There were no differences between the US', PA's and HDC's percentages for comparable years. The trends for all three geographies have been static.



Data Limitations: *Same as previous. Gaps in years of data are caused by the question not being used for that year's survey HP2030 Baseline and Goal are taken from the National Health Interview Survey (NHIS) which reports lower percentages than the BRFSS which is where the while data are from and create a disconnect.*
Data Source(s): *Same as previous, except for US: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: Chronic Disease Indicators. available at: https://nccd.cdc.gov/cdi accessed 2-2022.*

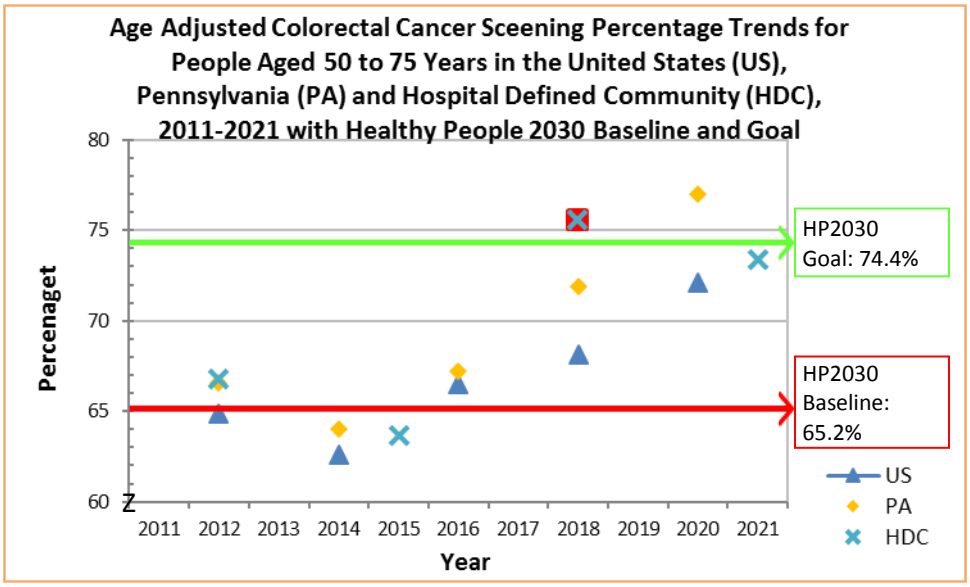
Figure 51: Comparison of women ages 50 to 74 years who have had a mammogram in the past two years by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Colorectal Cancer Screening



The hospital defined community's (HDC) 2021 age-adjusted percent of 73.4% of people aged 50 to 75 years indicates an **89.1% progress** toward the HP 2030 Goal of 74.4%. Because the colorectal cancer screening measure weight is 1.25%, the contribution to the 2030 Healthy Community Health Factor Score™ is 1.1%.

Colorectal cancer screening discovers polyps before they become cancer and identifies early cancers when the disease is at a more treatable stage.[xxxvii] Figure 52 compares the percentage of people between the ages of 50 to 75 years who have had a Fecal Immunochemical Test (FIT) in the past year, or a FIT in the past three years and a sigmoidoscopy in the past five years, or a colonoscopy in the past ten years for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentage was higher than the US' in 2018 and 2020. HDC's percentage was higher than the US' in 2018. The US' trend increased in 2016 and 2020 for an overall increase from 2012 to 2020. PA's trend increased in 2016, 2018 and 2020 for an overall increase from 2012 to 2020. HDC's trend increased in 2018 but was static from 2012 to 2021.

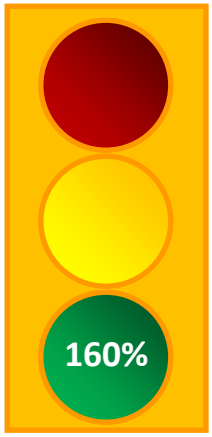


Data Limitations: *Same as previous.* ***Data Source(s):*** *Same as previous.*

Figure 52: Comparison of people between the ages of 50 to 75 years who report having a Fecal Immunochemical Test (FIT) in the past year or a FIT in the past three years and a sigmoidoscopy in the past five years or a colonoscopy in the past ten years by geography. In the HDC, having a Cologuard© within the past three years was also included. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values

Results—Health Factors—Social/Economic

High School Graduation



Washington County's (WC) 2019-2020 percent of 94.7% indicates that it has met the HP2030 goal of 90.7% and **exceeded it by 160%**. Because the high school graduation measure is 5%, the contribution to the 2030 Healthy Community Health Factor Score™ is 8%.

The relationship between more education and improved health outcomes is well known; formal education correlates strongly with improved work and economic opportunities, reduced psychosocial stress and healthier lifestyles.[xxxviii] Figure 53 compares the percentage of the four-year cohorts who graduate from high school for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's percentages were higher than the US' for all years. WC's percentages were higher than both the US' and PA's except for 2014 when there was no difference between it and PA. The US trend increased every year from 2011 to 2019 for an overall increase. PA's percentages increased in 2012, 2013, 2016, 2017, 2019 and 2020 but decreased in 2015 and 2018 for an overall increase from 2011 to 2020. WC's percentage decreased in 2014 but increased in 2015 and 2016 for an overall increase from 2011 to 2020.

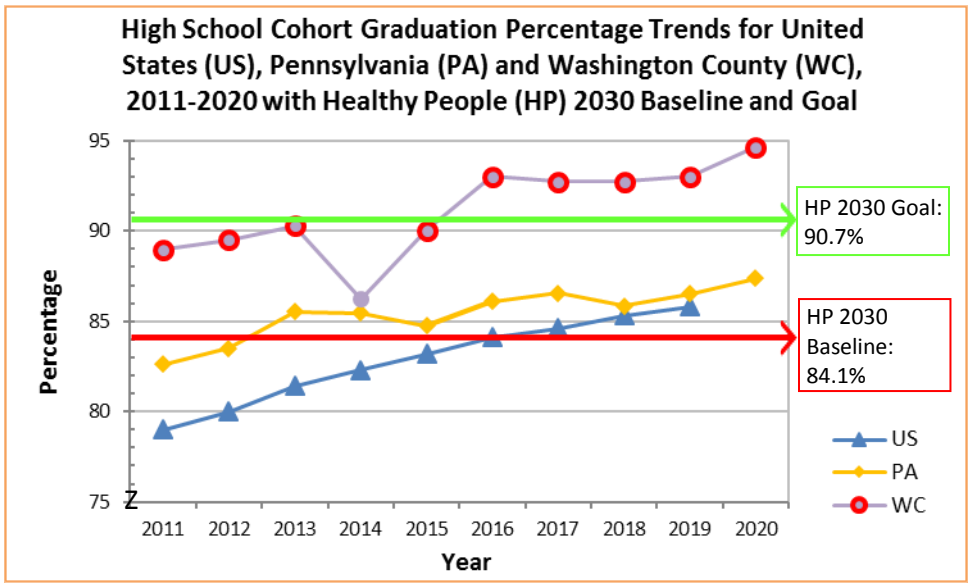
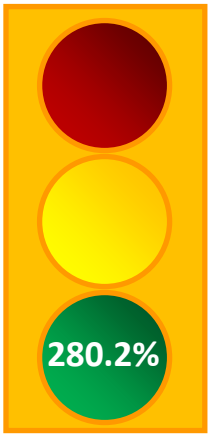


Figure 53: Comparison of high school cohort graduation percentages by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Confidence intervals for the US could not be calculated. There has been some variation in the way that individual states have implemented ACGR requirements. In addition, graduation requirements for obtaining a regular public high school diploma vary across states.*

Data Source(s): For US and PA: *US department of education, available at: https://nces.ed.gov/fastfacts/display.asp?id=805, accessed online 2-2022.* ***For PA and WC:*** *PA Department of Education, available at: https://www.education.pa.gov/DataAndReporting/CohortGradRate/Pages/default.aspx, accessed 2-2022.*

Some College



The hospital defined community's (HDC) 2021 percentage of 78.7% indicates that it has met the 10% improvement goal of 61.5% and **exceeded it by 280.2%**. Because the some college measure weight is 5.0%, the contribution to the 2030 Healthy Community Health Factor Score™ is 14.0%.

The relationship between higher education and improved health outcomes is well known; formal education correlates strongly with improved work and economic opportunities, reduced psychosocial stress and healthier lifestyles.[xxxix] Figure 54 compares the percentage of people aged 25 years and older who have some type of post-secondary training for the US (blue triangle), PA (gold diamond), WC (purple circle) and HDC (aqua 'x'). PA's percentages were lower in all years compared to the US'. HDC's percentages were higher than both the US' and PA's in all comparable years. The US' trend increased in 2012, 2016, 2016 and 2018 for an overall increase from 2011 to 2019. Both PA's and HDC's trends were static year to year but increased from 2011 to 2019.

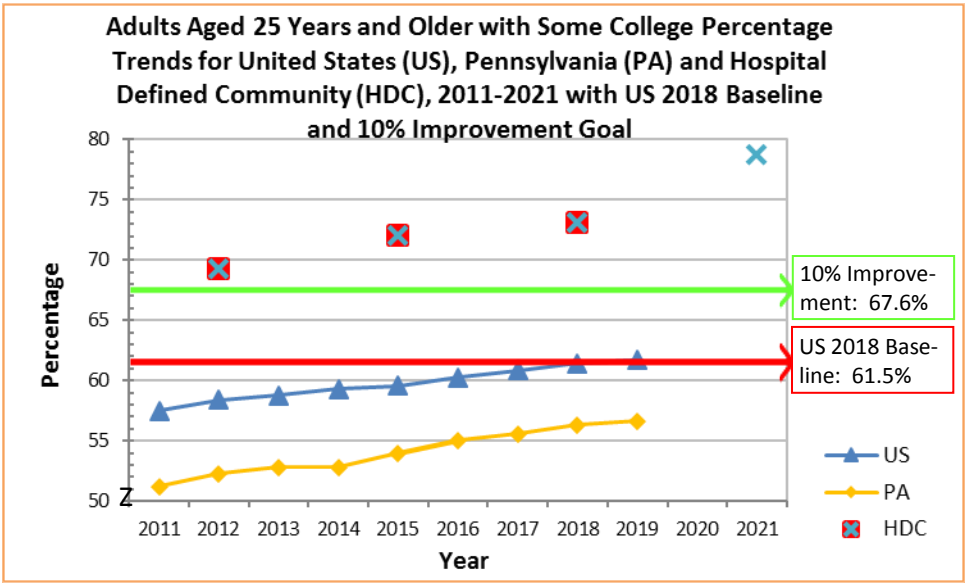
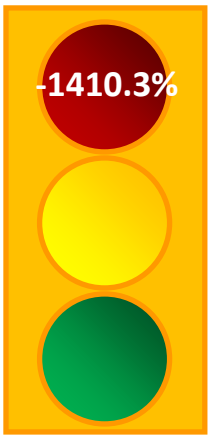


Figure 54: Comparison of adults aged 25 years and older with some college by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: For US and PA: *American Community Surveys are used to create population estimates in between census years.* ***For HDC:*** *HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.*
Data Source(s): *US Census Bureau, via American Fact Finder available at http://factfinder.census.gov, accessed 2-2019.* ***For HDC:*** *Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 and 2021 Community Health Need Assessments.*

Unemployment



Washington County's (WC) 2020 percentage of 9.4% indicates a **1410.3% lag** behind the US 2018 baseline of 3.9%. Because the unemployment measure weight is 10.0%, the contribution to the 2030 Healthy Community Health Factor Score™ is -141%.

Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, especially suicide. It has also been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise and other health-related behaviors, which in turn can lead to increased risk for disease or mortality. Because employee-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to health care.[xl] Figure 55 compares the unemployment percentages among people age 16 and older who are seeking employment for the US (orange diamond), PA (gold diamond) and WC (purple circle). PA's percentages were lower than the US' from 2011 to 2014 and higher than the US' from 2016 to 2021. WC's percentages were lower than the US' and PA's from 2011 to 2013 (only lower than US' in 2014) and higher than both from 2015 to 2017 and in 2020 (only higher than the US in 2018 and 2019). The trend for the US decreased every year except in 2020 when it increased for an overall decrease from 2011 to 2021. PA's trend decreased every year except in 2019 (static) and 2020 (increased) for an overall decrease from 2011 to 2021. WC's trend decreased in 2013, 2014, 2017 and 2018 and increased in 2016 and 2020 for an overall increase from 2011 to 2020.

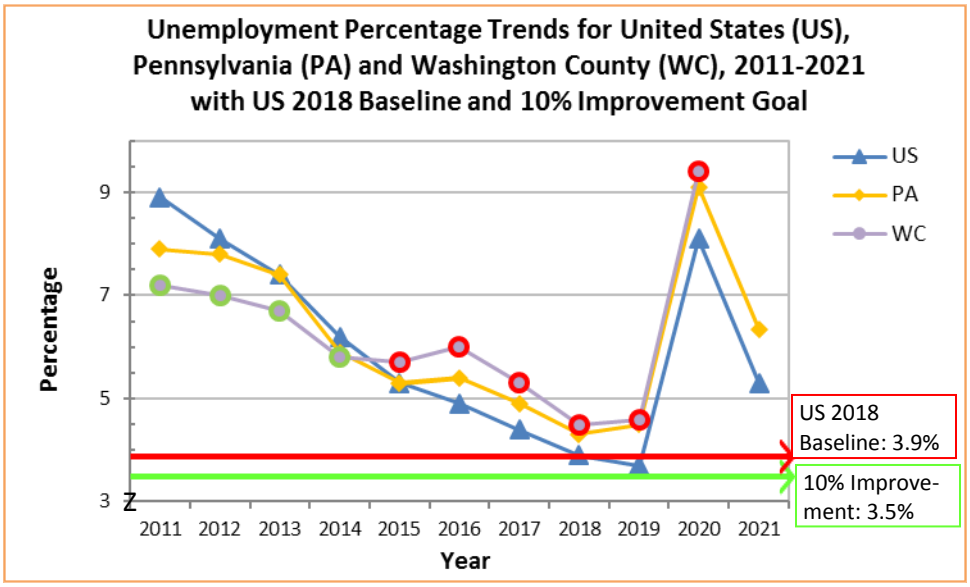
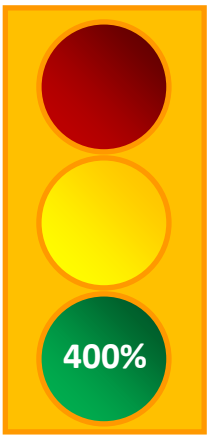


Figure 55: Comparison of unemployment percentages by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

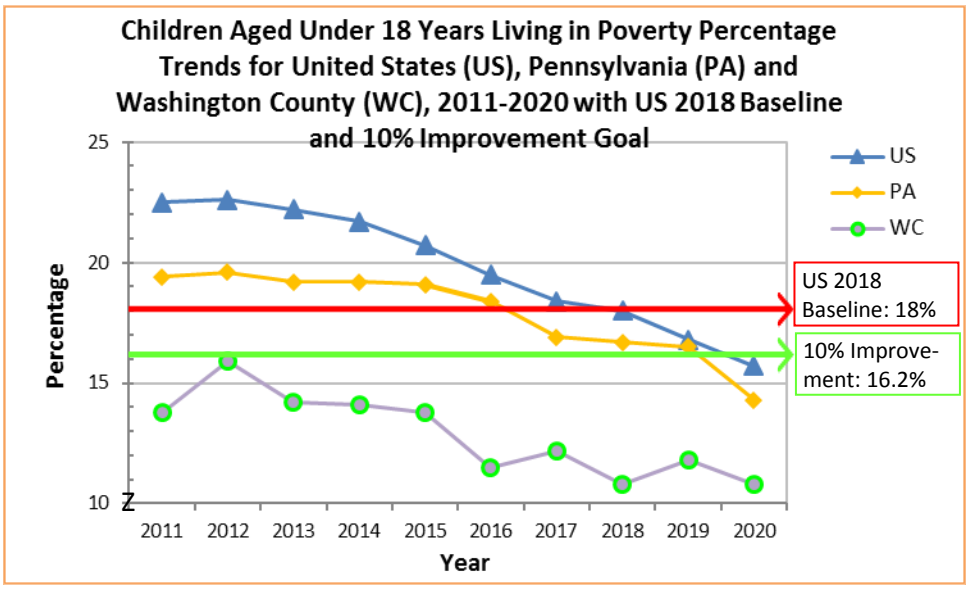
Data Limitations: *The annual CPS estimates used to benchmark statewide labor force estimates are based on probability samples of households and are subject to both sampling and non-sampling errors. Although the present CPS sample is a State-based design, the sample size of the CPS is sufficient to produce reliable monthly estimates at the national level only. The sample does not permit the production of reliable monthly estimates for the States. However, demographic, social, and economic detail is published annually for the census regions and divisions, all States and the District of Columbia, 50 large metropolitan areas, and selected central cities.*
Data Source(s): For US: *US Department of Labor, Bureau of Labor Statistics, Databases, Labor Force Statistics from the Current Population Survey, http://www.bls.gov/cps/tables.htm, accessed 2-2022.* ***For PA and WC:*** *US Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, Tables & Maps Created by BLS, available at http://www.bls.gov/lau/#tables.htm, accessed 2-2022.*

Children in Poverty



Washington County's (WC) 2020 percentage of 10.8% indicates that it has met the 10% improvement goal of 16.2% and exceeded it by 400%. Because the children living in poverty measure weight is 10%, the contribution to the 2030 Healthy Community Health Factor Score™ is 40%.

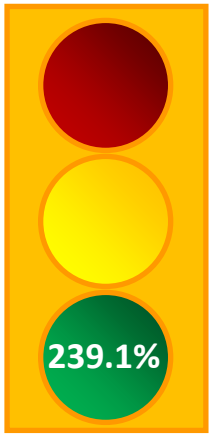
Poverty can result in negative health consequences, such as increased risk of mortality, increased prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. While negative health effects resulting from poverty are present at all ages, children in poverty are at risk for greater morbidity and mortality due to an increased danger of accidental injury and lack of health care access. Children's risk of poor health and premature mortality may also be increased due to the poor educational achievement associated with poverty. The children in poverty measure is highly correlated with overall poverty rates.[xli] Figure 56 compares the percentage of children under the age of 18 who are living below the Federal Poverty Line for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's percentages are lower than the US' for all years (except 2019 when PA is no different than US) and WC's are lower than PA's for all years. The trend for the US decreased in 2014 through 2017 and again from 2019 to 2020 for an overall decrease from 2011 to 2020. PA's trend decreased in 2017 and 2020 for an overall decrease from 2011 to 2020. WC trend was static year to year and overall, from 2011 to 2020.



Data Limitations: *American Community Surveys are used to created population estimates in between census years.*
Data Source(s): *US Census Bureau, available online at https://data.census.gov/, accessed 2-2022.*

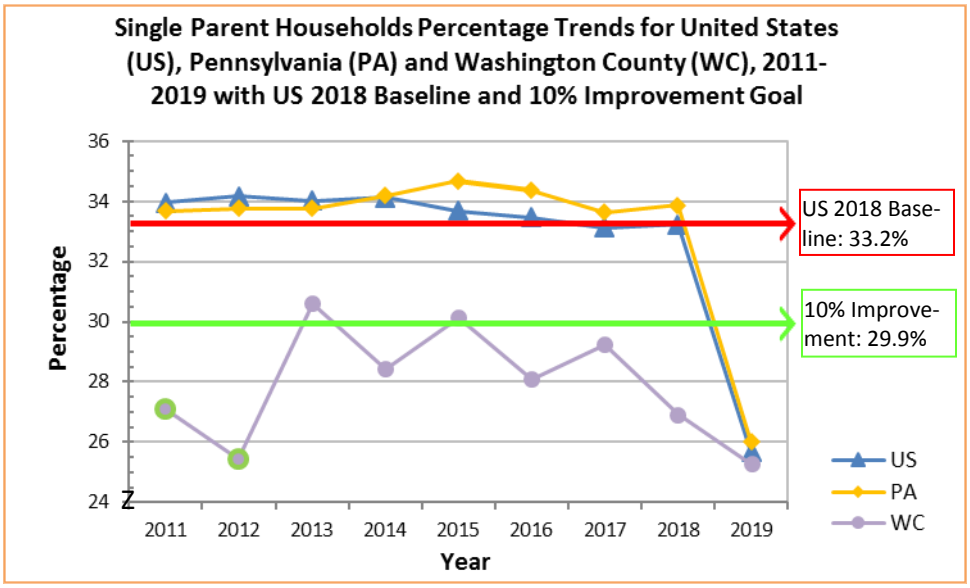
Figure 56: Comparison of children living in poverty by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Single Parent Household



Washington County's (WC) 2017 percentage of 29.2% indicates that it has met the 10% improvement goal of 29.9% and **exceeded it by 239.1%**. Because the single parent household measure weight is 2.5%, the contribution to the 2030 Healthy Community Health Factor Score™ is 6%.

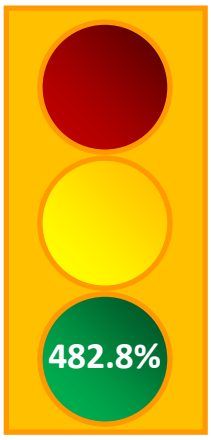
Adults and children in single-parent households are at risk for adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors such as smoking and excessive alcohol use.[xlii] Figure 57 compares the percentage of children under the age of 18 who are living in households headed by a single parent for the US (blue triangle), PA (gold diamond) and WC (purple circle). There were no differences between PA's and the US' percentages for all years. WC's percentages were lower than both the US' and PA's for 2011 and 2012. The trends for the US and PA were static every year except 2019 when they decreased and overall, from 2011 to 2019 decreased. WC's trend has been static year to year and overall, from 2011 to 2019.



Data Limitations: *Same as previous. There was a change in the definition in 2019 to include co-habitating but unmarried couples into their own category and may account for the sudden shift in trend lines.*
Data Source(s) *Same as previous.*

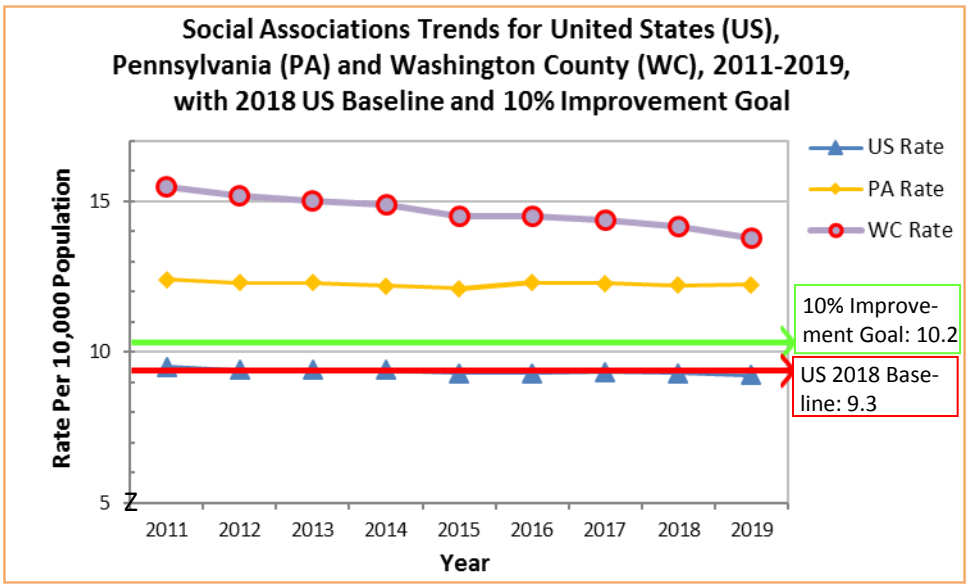
Figure 57: Comparison of single parent headed households by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Social Associations



Washington County's (WC) 2019 rate per 10,000 population of 13.8 indicates that it has met the 2010 US 10% improvement goal of 10.7 and **exceeded it by 482.8%**. Because the social associations measure weight is 2.5%, the contribution to the 2030 Healthy Community Health Factor Score™ is 12.1%.

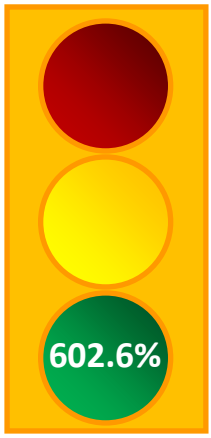
Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality. Furthermore, social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to participate in healthy lifestyle choices. A study that compared Behavioral Risk Factor Surveillance System (BRFSS) data on health status to questions from the General Social Survey found that people living in areas with high levels of social trust are less likely to rate their health status as fair or poor than people living in areas with low levels of social trust. Researchers have argued that social trust is enhanced when people belong to voluntary groups and organizations because people who belong to such groups tend to trust others who belong to the same group.[xliii] Figure 58 compares the rates of the number of membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations per 10,000 population for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were higher than the US' for all years and WC's rates were higher than both the US' and PA's for all years except for 2019 when there was no difference with PA. The trends for the US, PA and WC were static.



Data Limitations: *Same as previous. Business codes are self-assigned.*
Data Source(s): *LRF Consulting, LLC calculated with data from US Census Bureau: 2011-2019 County Business Patterns: Geography Area Series: County Business Patterns, NAICS codes 813410, 713950, 713910, 713940, 711211, 813110, 813940, 813930, 813910 and 813920, available at http://census.gov, accessed 2-2022.*

Figure 58: Comparison of social association rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Violent Crime



Washington County's (WC) 2020 rate of 191 per 100,000 population indicates that it has met the 2018 US 10% improvement goal of 363.2 and **exceeded it by 602.6%**. Because the violent crime measure weight is 5%, the contribution to the 2030 Healthy Community Health Factor Score™ is 26.3%.

High levels of violent crime compromise physical safety and psychological well-being. Crime rates can also deter residents from pursuing healthy behaviors such as exercising out-of-doors. Additionally, exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and may contribute to obesity prevalence. Exposure to chronic stress also contributes to the increased prevalence of certain illnesses, such as upper respiratory illness, and asthma in neighborhoods with high levels of violence.[xliv] Figure 59 compares the violent crime (defined as murder, nonnegligent manslaughter, manslaughter by negligence, rape, robbery, aggravated assault) rate for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's rates were lower than the US' for all years. WC's rates were lower than PA's for all years. The trend for the US decreased in 2013, 2014, 2017, 2018 and 2019 and increased in 2015, 2016 and 2020 for an overall increase from 2011 to 2020. PA's trend decreased in 2013, 2014 and 2020 for overall decrease from 2011 to 2020. WC's trend increased in 2016 but had an overall decrease from 2011 to 2020.

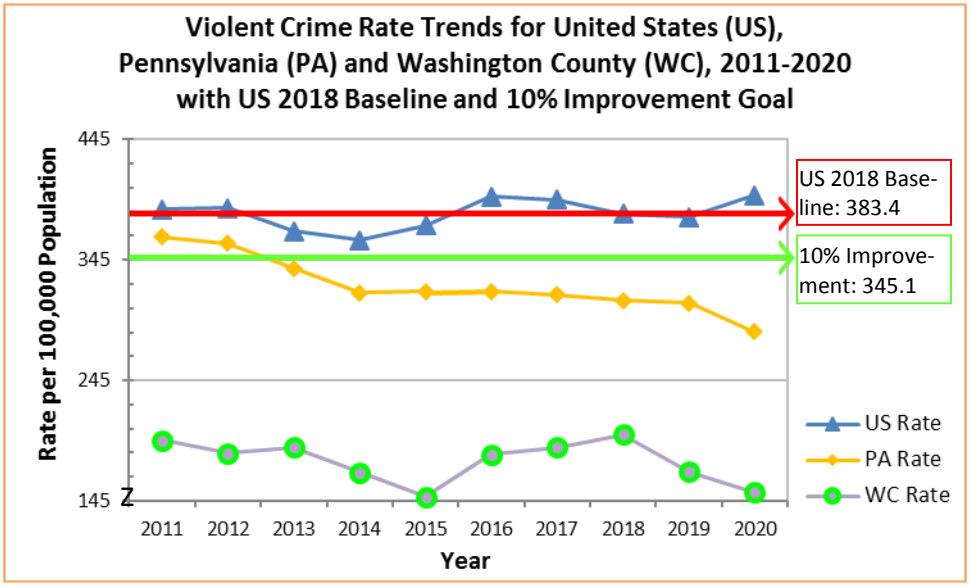
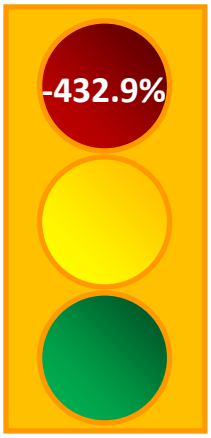


Figure 59: Comparison of violent crime rate by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: For US and PA: *Not all states report all years to the FBI Uniform Reporting Database. In 2013, the FBI started collecting rape data under a revised definition and removed "forcible" from the offense name. All reported rape incidents—whether collected under the revised definition or the legacy definition—are presented here. Since the rape definition changed, some state and local law enforcement agencies have continued to report incidents with the legacy definition, because they haven't been able to change their records management systems to accommodate the change. All reporting is voluntary. Variations between years of reported data in print reports between years and online databases for PA was observed.* ***Data Source(s) for US and PA:*** *Federal Bureau of Investigations, Crime Data Explorer available online, at https://crime-data-explorer.app.cloud.gov/pages/explorer/crime/crime-trend, accessed 4-2022.* ***Data Source(s) for PA and WC:*** *Pennsylvania Uniform Crime Reporting System, available at: https://www.ucr.pa.gov/PAUCRSPUBLIC/Report/UCRSummary, accessed online 4-2022.*

Injury Deaths



Washington County's (WC) 2018-2020 average rate of 100.4 per 100,000 population indicates a **432.9% lag** behind the HP2030 baseline of 70.1. Because the injury death rate measure weight is 1.2%, the contribution to the 2030 Healthy Community Health Outcome Score™ is -5.2%.

Injuries are one of the leading causes of death; unintentional injuries (poisoning, motor vehicle traffic deaths, and falls) were the third leading cause, and intentional injuries (suicides and homicides) the 10th leading cause, of US mortality in 2017. Motor vehicle accidents were responsible for 1.2% of the deaths under age 75 in WC from 2020. Figure 60 compares the age-adjusted injury death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were higher in all years compared to the US'. WC's rates were higher than both PA's and the US' in 2013, 2015, 2016, and 2020; and higher than only the US' in 2013, 2017, 2018, and 2019. The trend for the US rate increased in 2014, 2015, 2016, 2017, 2019 and 2020, but decreased in 2018. PA's rate trend increased in 2015, 2016, 2017 and 2020, but decreased in 2018. WC's rate trend increased in 2015 and 2016. Overall, all three geographies increased from 2011 to 2020. WC's ten-year average rate (87.8) was no different than PA's but higher than the US' (77 and 66.3, respectively), while PA's was also higher than the US'.

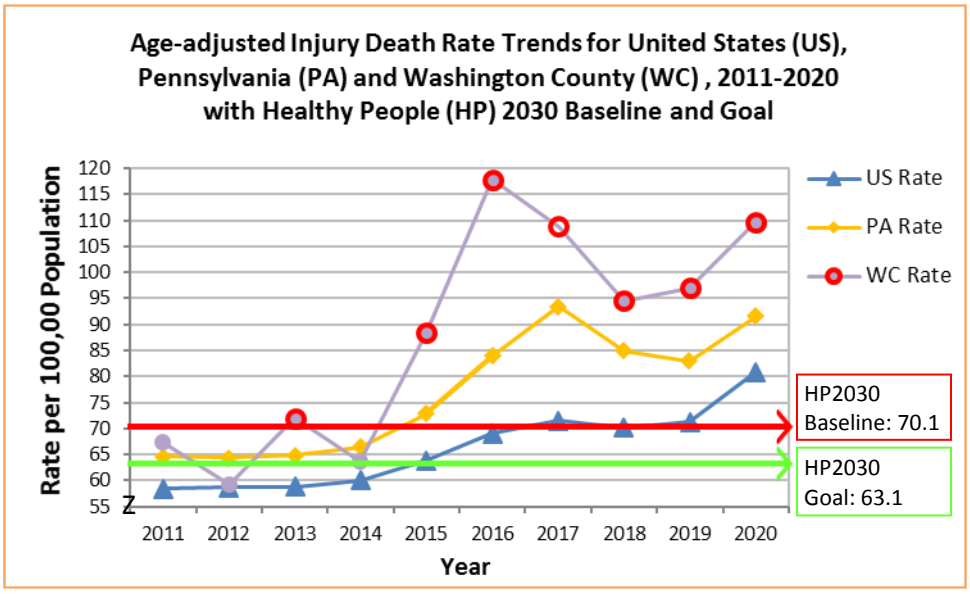


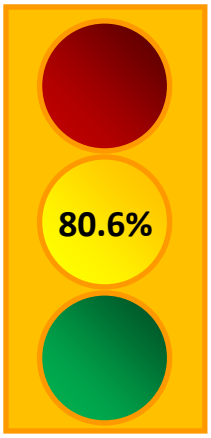
Figure 60: Comparison of injury death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Deaths for persons of unknown age are included in counts and crude rates but are not included in age-adjusted rates. The population figures (other than the infant age groups and the year 2000) are bridged-race estimates of the July 1 resident population, generally from the corresponding county-level postcensal series: 2011 from the Vintage 2011 series, etc. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data.* ***For WC:*** *"These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions."*

Data Source(s): *Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death; Injury Intent and Mechanism List, Injury Intent, Unintentional, Suicide Homicide, Undetermined and Legal Intervention/Operations of War, 1999-2020 on CDC WONDER Online Database, available at: https://wonder.cdc.gov, accessed 2-2022.*

Results—Health Factors—Physical Environment

Secondhand Smoke Exposure



The hospital defined community's (HDC) 2021 age-adjusted percent of 89.7% indicates an **80.6% progress** toward the HP 2030 Goal of 92.9%. Because the secondhand smoke exposure measure weight is 0.25%, the contribution to the 2030 Healthy Community Health Factor Score™ is 0.2%.

The 2006 U.S. Surgeon General's Report, *"The Health Consequences of Involuntary Exposure to Tobacco Smoke,"* concluded that there is no risk-free level of secondhand smoke, and the only way to protect people from the dangers of secondhand smoke is to eliminate the smoke exposure. Figure 61 compares the percentage of householders who do not allow cigarette smoke in their home for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA was lower than the US in 2011 and 2015. HDC was higher than PA in 2015. The US trend increased in 2019 and overall, from 2011 to 2019. PA increased every year and overall, from 2011 to 2019. HDC's trend increased in 2015 and overall, from 2012 to 2021.

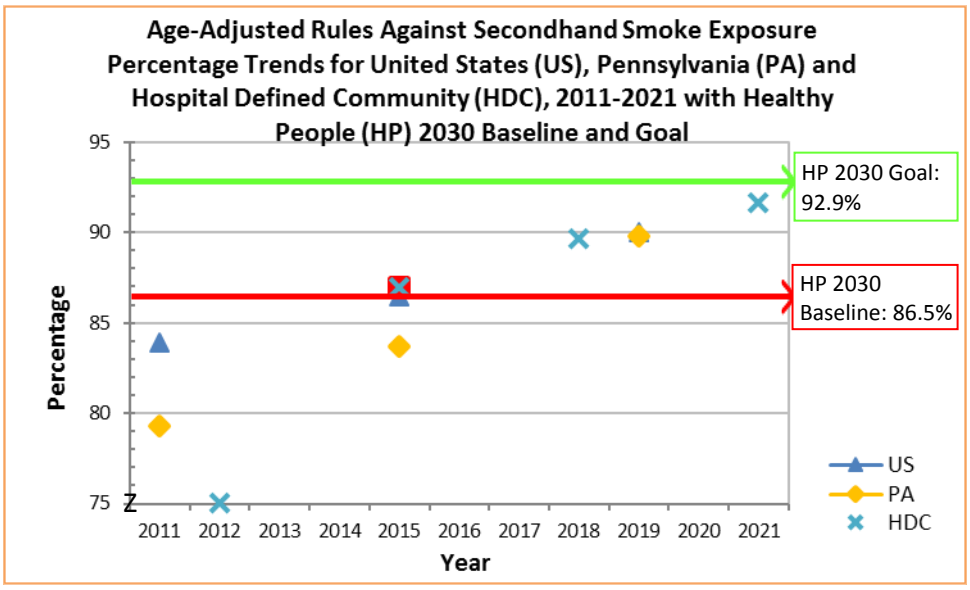
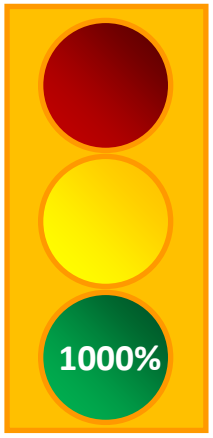


Figure 61: Comparison of secondhand smoke exposure by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *All data are self-report. Gaps in years of data are caused by the question not being used for that year's survey and/or the survey was not done that year. Since the Tobacco Use Supplement to the Current Population Survey (TUS-CPS) uses a sample to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The survey excludes people without a residential phone and people who are institutionalized. The data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data.* ***For HDC:*** *Data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.* ***Data Source(s): For US and PA:*** *https://www.healthypeople.gov/2020/data-search/Search-the-Data?objid=5318&sld=42, and https://cancercontrol.cancer.gov/brp/tcrb/tus-cps/results/2014-2015, accessed 2-2022.* ***For HDC:*** *Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 and 2021 Community Health Need Assessment.*

Weighted Air Quality Index Days



Washington County's (WC) 2020 number of 0 weighted Air Quality Index (AQI) days per 100 people indicates that it has met the HP2030 goal of 1182 and **exceeded it by 1000%**. Because the weighted AQI days measure weight is 2.25%, the contribution to the 2030 Healthy Community Health Factor Score™ is 22.5%.

The relationship between elevated air pollution—particularly fine particulate matter and ozone—and compromised health has been well documented. The negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects.[xlv] Figure 62 compares the number of weighted AQI days that were above 100 per 100 people for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was lower than the US' for all years except 2012 when it was higher. WC's rate was lower than both the US' and PA's for all years except 2012 (higher than both) and 2015 (higher than PA but lower than US). The US trend increased in 2012, 2017, 2018 and 2020 and decreased in 2013, 2014, 2015, 2016 and 2019 for an overall increase from 2011 to 2020. PA's trend increased in 2012, 2015, 2016 and 2017 and decreased in 2013, 2014, 2018, 2019 and 2020 for an overall decrease from 2011 to 2020. WC's trend increased in 2012, 2015 and 2018 and decreased in 2013, 2014, 2016, 2017 and 2019 for an overall decrease from 2011 to 2020.

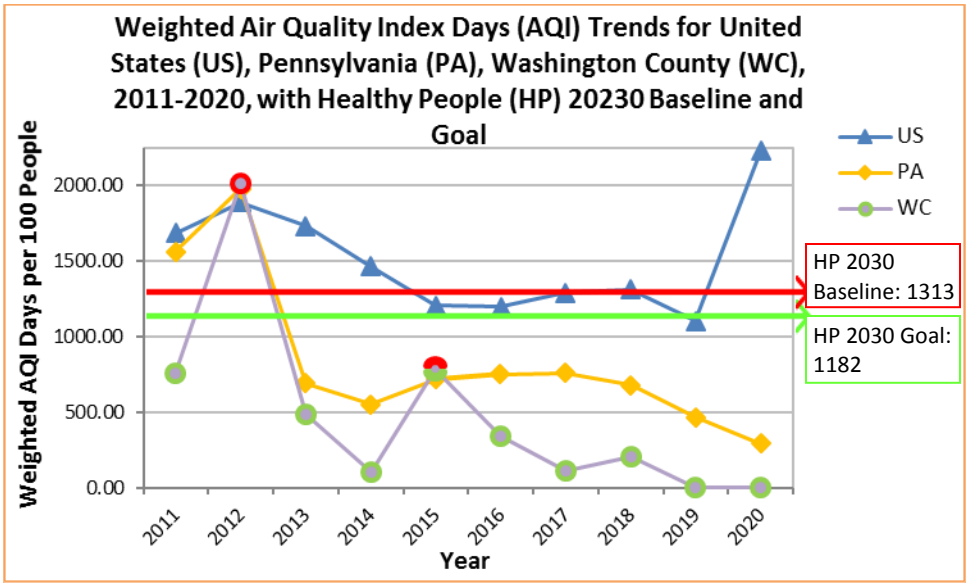
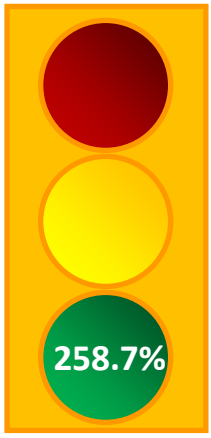


Figure 62: Comparison of Weighted Air Quality Index Days above 100 per 100 people by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Air Quality Index Days are determined through analyzing data from sensors placed in limited geographic areas, so while reports are generated by county, they are only gathering data samples from limited sensors placed in the county. County data is used to aggregate data for states and the United States. For ease of use, this report is using the weighted days measure and turning it into a rate per 100 people. Weighted AQI days per people are calculated by dividing the AQI measure by 100 and summing them to gain the number of weighted days and multiplying it by the population affected.*
Data Source(s): *United States Environmental Protection Agency, Pre-Generated Data Files, available at https://aqs.epa.gov/aqsweb/airdata/download_files.html#AQI , accessed 2-2022.*

Safe Drinking Water



Washington County's (WC) 2020 percent of 97.2% indicates that it has met the HP2030 goal of 92.1% and **exceeded it by 258.7%**. Because the safe drinking water measure weight is 2.5%, the contribution to the 2030 Healthy Community Health Factor Score™ is 6.5%.

Ensuring the safety of drinking water is important to prevent illness, birth defects, and death. Other health problems have been associated with contaminated water, including nausea, lung and skin irritation, cancer, kidney, liver, and nervous system damage. An increase in drinking water violations has also been shown to increase health care expenditures.[xlvi] Figure 63 compares the percentage of the population with drinking water sources free from Safe Water Act health-based violations for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's percentages were lower than the US's in 2018 but higher in 2019 and 2020. WC's percentages were higher than both the US' and PA's in 2018 but only higher than the US' in 2020. WC's was lower than both the US' and PA's in 2019, but only lower than PA's in 2020. The US' and PA's trends increased every year. WC's trend decreased in 2019 and increased in 2020 for an overall static trend from 2018 to 2020.

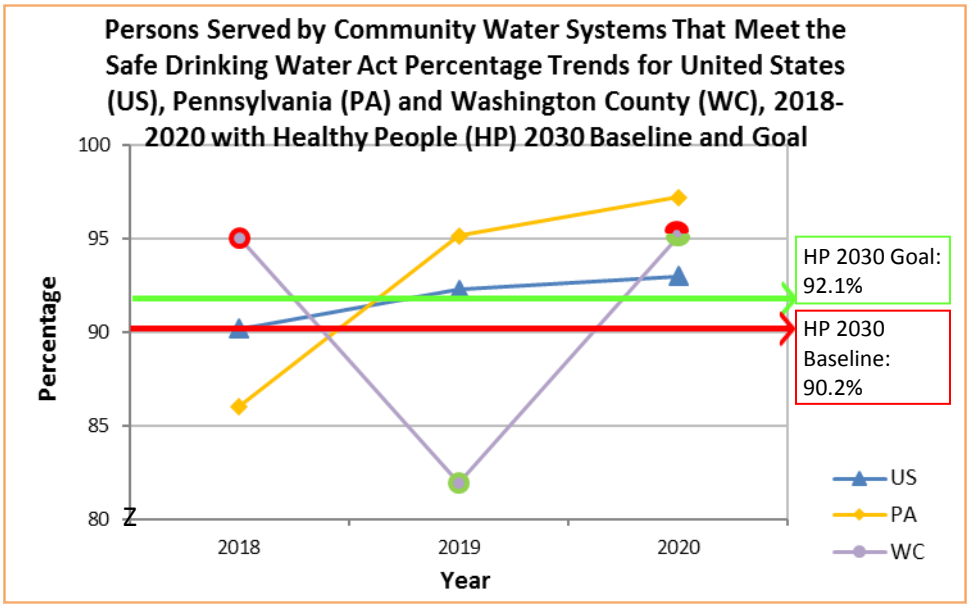
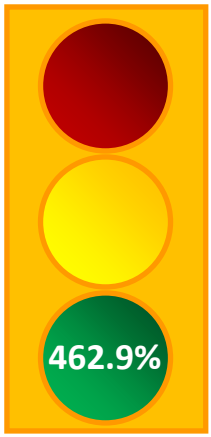


Figure 63: Comparison of percent of population covered by water systems with no health-based violations of the Safe Water Act by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Not all violations are equivalent; some violations occur but are addressed quickly, while some violations can linger for years. Violations could be slightly over or much higher than the Maximum Contaminant Level. Testing date, frequency, location, and type can play a role in violation detection. This measure only includes data on community water systems and does not include private wells. The required reporting of water quality tests is often based on annual and/or system-wide averages of individual sampling results. For example, Community Water Systems (CWS) may be required to sample at four different locations but report only the average. Violations identified as health-based have changed over time.*
Data Source(s): For the US: *https://health.gov/healthypeople/objectives-and-data/browse-objectives/environmental-health/increase-proportion-people-whose-water-supply-meets-safe-drinking-water-act-regulations-eh-03/data, accessed 2-2022.* ***For PA and WC:*** *https://ordspub.epa.gov/ords/sfdw/f?p=108:1:::::, accessed 2-2022.*

Severe Housing Problems



Washington County's (WC) 2014-2018 percent of 10.2% of household units with at least one of four serious problems indicates that it has met the improvement goal of 17.1% and **exceeded it by 462.9%**. Because the severe housing problems measure weight is 2.0%, the contribution to the 2030 Healthy Community Health Factor Score™ is 9.3%.

Poor quality and inadequate housing contribute to health problems such as infectious and chronic diseases, injuries, and poor childhood development.[xlvii] Figure 64 compares the percentages of household units that have at least one of four serious housing problems (lacks complete kitchen facilities; lacks complete plumbing facilities; overcrowded (more than 1 person per room); or severely cost burdened (monthly housing costs (with utilities) exceeded 50% of monthly income)). for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's percentages were lower in all years compared to the US'. The US' percentages increased every year except 2014-2018 when it decreased for an overall increase from 2007-2011 to 2014-2018. PA's percentages increased in 2008-2012 and 2009-2013 but decreased in all other years except 2010-2014 when it was static, for an overall decrease from 2007-2011 to 2014-2018. WC's trend decreased in 2010-2014 for an overall decrease from 2007-2011 to 2014-2018.

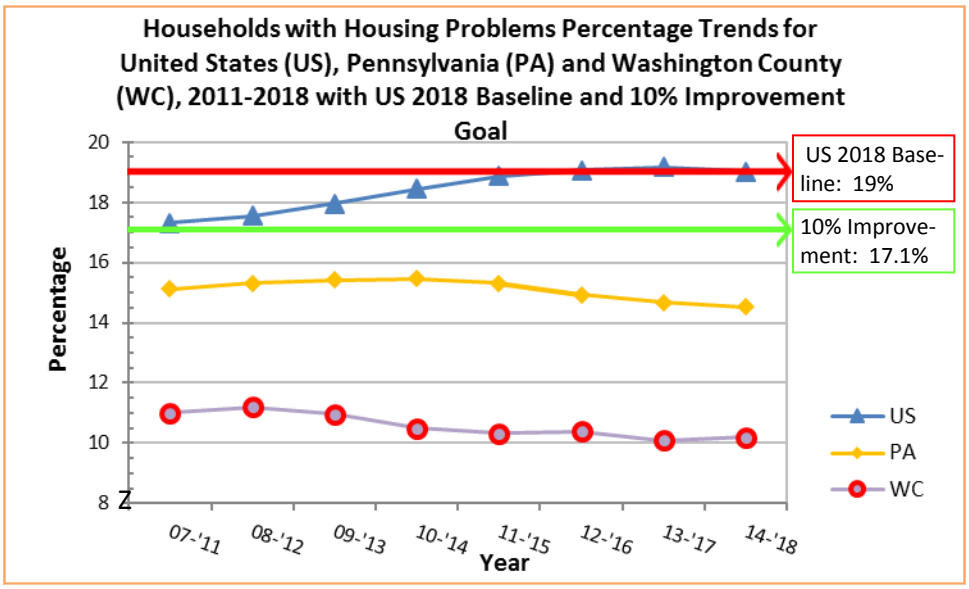
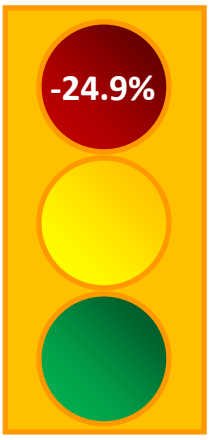


Figure 64*: Comparison of limited access to healthy foods by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.*

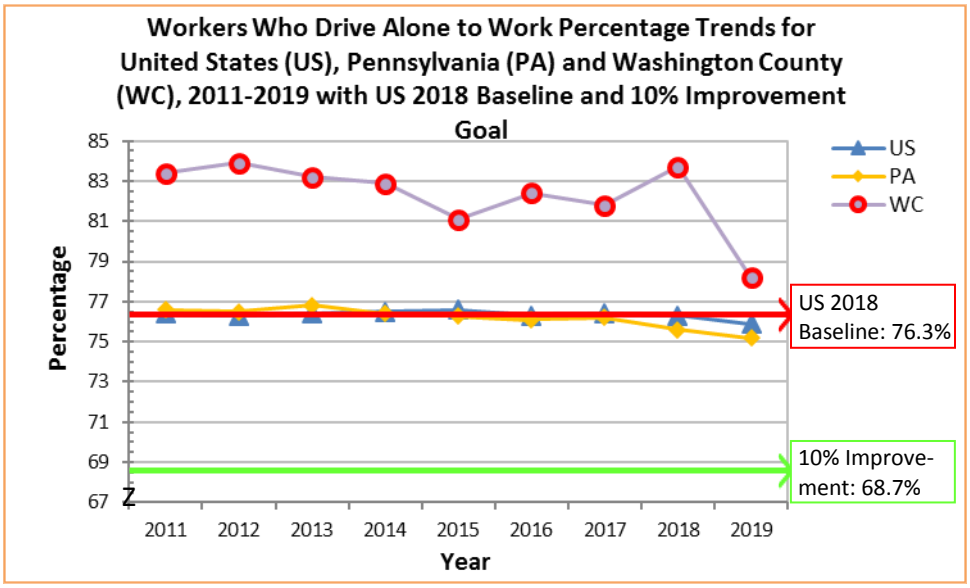
Data Limitations: *Housing and Urban Development's Office of Policy Development and Research creates Comprehensive Housing Affordability Strategy (CHAS) data which consists of "custom tabulations" of data from the U.S. Census Bureau that are generally not otherwise publicly available. Originally, CHAS estimates were drawn from decennial census data. HUD first obtained the CHAS data after the 1990 Census and again after the 2000 Census. Since 2005, the Census Bureau has administered an annual survey called the American Community Survey (ACS), which replaced the detailed survey portion of the decennial census. American Community Surveys are used to created population estimates in between census years.* ***Data Source(s):*** *https:// www.huduser.gov /portal/datasets/ cp.html, accessed 2-2022.*

Driving Alone to Work



Washington County's (WC) 2019 percentage of 78.2% indicates a **24.9% lag** behind the US 2018 baseline of 76.3%. Because the driving alone to work measure weight is 2%, the contribution to the 2030 Healthy Community Health Factor Score™ is -0.5%.

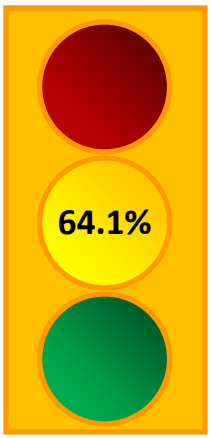
Car-only commuters have significantly higher body fat percentage than mixed and active commuters. People who drive to work are less likely to reach recommended activity levels than people who use other forms of transportation.[xlviii] Figure 65 compares the percentage of workers who usually commute alone to work for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's percentages are lower than the US' for 2018 and 2019. WC's percentages are higher than both the US' and PA's for all years. The trend for the US decreased in 2016 and 2019 for an overall decrease from 2011 to 2019. PA's trend remained static year to year but decreased overall from 2011 to 2019. WC's trend decreased in 2019 and an overall decrease from 2011 to 2019.



Data Limitations: *American Community Surveys are used to created population estimates in between census years.*
Data Source(s): *US Census Bureau, available at https://census.gov/, accessed 2-2022.*

Figure 65: Comparison of workers who usually commute alone to work by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Driving Alone to Work, Long Commute



Washington County's (WC) 2019 percentage of 36.5% indicates a **64.1% progress** toward the improvement goal of 35.1%. Because the driving alone to work, long commute measure weight is 1.0%, the contribution to the 2030 Healthy Community Health Factor Score™ is 0.6%.

The farther people commute by vehicle, the higher their blood pressure and body mass index and the less physical activity the individual tends to participate in. Each additional hour spent in a car per day is associated with a 6 percent increase in the likelihood of obesity. Longer commute times have also been associated with poorer mental health.[xlix] Figure 66 compares the percent of workers whose usual commute is alone and for longer than 30 minutes for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's percentages were higher in 2015 but lower in 2018 than the US'. WC's percentages were higher than both the US' and PA's in 2013, 2014, 2016 and 2017 but only higher than US' in 2015. WC's percentage was lower than both the US' and PA's in 2019. The US' trend increased every year for an overall increase from 2011 to 2019. PA's trend increased in 2015 and 2019 for an overall increase from 2011 to 2019. WC's trend was static from year to year and overall from 2011 to 2019 (although it decreased from 2016 to 2019).

Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

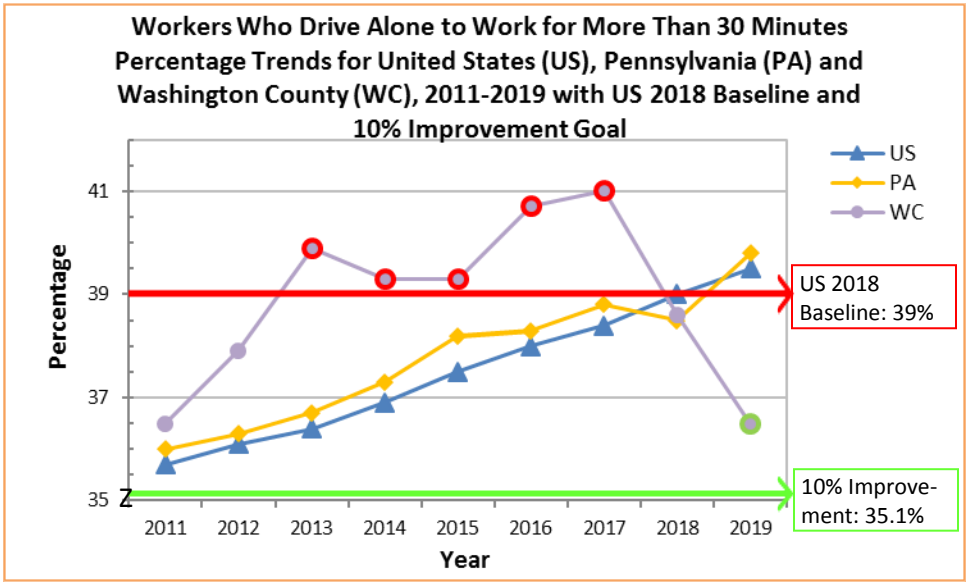


Figure 66: Comparison of workers whose usual commute is alone and for longer than 30 minutes percentage by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Analysis

Identification of Significant Health Needs and Their Root Causes

As with any problem, in order to affect change, the conditions that are responsible for the problem need to be addressed. These conditions are called "root causes." Epidemiology is the study of linking root causes to health issues. Many of the measures used in the 2030 Healthy Community Scores™ have an established researched-based pathway of risk and protective conditions that define this link (see Figure 67) and are represented on the 2030 Healthy Community Scores Logic Model™. Many of the conditions/measures underlie more than one health issue.

One goal of public health is to prevent disease, disability and death and promote health on a population-based level. There are three recognized levels of this type of prevention[i]:

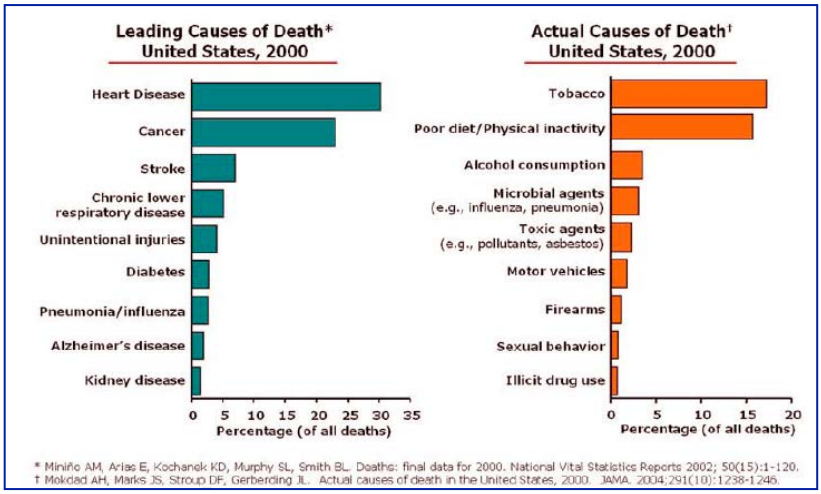


Figure 67: Comparison between classifying deaths by disease versus by root cause.

Primary prevention is defined as preventing the individual from ever developing the health issue. Examples of this include vaccines, eating a healthy diet and maintaining fitness through physical exercise.

Secondary prevention detects developed health issues in individuals, before noticeable symptoms develop, in an effort to diagnose the issue early with the goal of curing the disease and/or mitigating complications, limiting disability and preventing spread of the disease (if applicable). Examples include screening for colorectal cancer and sexually transmitted infections.

Tertiary prevention is defined as slowing or arresting disease progression and the attendant suffering and/or rehabilitation after it is clinically obvious and a diagnosis established. Examples include routine screening for and management of early renal, eye, and foot problems among diabetics; preventing recurrence of heart attack with anti-clotting medications; and physical modalities to regain function among stroke patients. For many common chronic illnesses, protocols to promote tertiary preventive interventions have been developed, often called "disease management." Disease treatments are not usually included, but the boundary with tertiary prevention is not always clear.

This three-level prevention paradigm will be used to analyze related measures data to provide an analysis of the identified health need except for the measures for Years of Potential Life Lost (YPLL), one or more unhealthy physical days and one or more unhealthy mental days. These are not included due to the fact that they are general measures of health not specific enough for program planning.

The identified significant health needs are defined by a negative 2030 Healthy Communities Measure Score™ and include the following:

1. Drug overdose deaths
2. Coronary heart deaths
3. Lung cancer deaths
4. COPD deaths
5. Female breast cancer deaths
6. Colorectal cancer deaths
7. Stroke deaths
8. Suicide
9. Injury deaths
10. Diabetes-related deaths
11. Alcohol driving deaths
12. Adult E-cigarette use
13. Youth E-cigarette use
14. Pregnant smoking
15. Tobacco quit attempts
16. Youth obesity
17. Food insecurity
18. Fruit intake
19. Meeting physical activity and muscle-strengthening recommendations
20. At Risk for heavy drinking
21. Depressive disorders
22. Unemployment
23. Driving alone to work

Table 5 illustrates the three levels of prevention and the data measures associated with them. Measures in bold are identified as significant health needs due to their negative 2030 Healthy Community Scores™. Only those measures that have been identified as needs will be discussed.

Table 5: Relationship between primary, secondary and tertiary prevention and the data measures associated with each identified significant health need of the 2030 Healthy Community Outcome Score™ component for the 2021 CHNA.

• <u>Reduce modifiable risks:</u>
  • Educate RX opioid users and their family/friends on overdose risks; sponsor take-back drives of unused medication
• <u>Increase protective factors:</u>
  • Educate high risk populations (teens, former or current substance abusers) on overdose risks; education RX prescribers and pharmacies; Close down "pill mills"
	• Use of Medicine Assisted Treatment (MAT)
	• Harm reductions screening, brief intervention and referral to treatment in health care provider office
	• Prescribe Naloxone take home
		• Naloxone distribution programs to EMTs
		• Overdose education
		• Harm reductions screening, brief intervention and referral to treatment in ED
		• Prescribe Naloxone take home
			Drug overdose death rate (subset of Injury deaths)

• <u>Reduce modifiable risks:</u>
  • **Obesity** and overweight; poor diet; exposure to secondhand smoke; binge and **heavy drinking**; Physical inactivity; **tobacco use; food insecurity**
• <u>Increase protective factors:</u>
  • Healthy weight; **Meeting physical activity and muscle-strengthening recommendations**; **fruit intake;** vegetable intake; access to recreation facilities
	• **Tobacco use quit attempts**
	• Reduce high blood pressure high lipids and heart attack.
	• Manage diabetes
		• Percutaneous intervention (PCI)
		• Fibrinolytic therapy
			Coronary heart disease death rate

• <u>Reduce modifiable risks:</u>
  • **Tobacco use**; exposure to secondhand smoke
• <u>Increase protective factors:</u>
  • Reduce radon and workplace toxin exposures
	• **Tobacco use quit attempts**
	• Stage of diagnosis
	• Screening
		• Medical treatment	**Lung Cancer death rate**

Table 5 (continued): Relationship between primary, secondary and tertiary prevention and the data measures associated with each identified significant health need of the 2030 Healthy Community Outcome Score™ component for the 2021 CHNA.

• Reduce modifiable risks: • **Tobacco use;** secondhand smoke; air pollution	• **Tobacco use quit attempts** • Influenza vaccine • Pneumonia vaccine	• Symptom manage-ment through medicine	**COPD death rate**
• Reduce modifiable risks: • **Obesity**; binge and **heavy drinking**; hormone replacement therapy; and radiation exposure; **food insecurity** • Increase protective factors: • **Meeting physical activity and muscle-strengthening recommendations;** healthy weight; access to healthy foods; **fruit intake;** vegetable intake; access to recreation facilities; **driving alone to work**	• Mammography • Stage of diagnosis	• Medical treatment	**Female Breast Cancer death rate**
• Reduce modifiable risks: • **Obesity**; binge and **heavy drinking**; **tobacco use; food insecurity** • Increase protective factors: • **Meeting physical activity and muscle-strengthening recommendations;** polyp removal**;** access to healthy foods; **fruit intake;** vegetable intake; access to recreation facilities	• **Tobacco use quit attempts** • Screening • Stage of diagnosis	• Medical treatment	**Colorectal cancer death rate**
• Reduce modifiable risks: • **Obesity** and overweight; binge and **heavy drinking**; Physical inactivity; **tobacco use; food insecurity** • Increase protective factors: • Healthy weight; **Meeting physical activity and muscle-strengthening recommendations;** access to healthy foods; **fruit intake;** vegetable intake; access to recreation facilities	• **Tobacco use quit attempts** exposure to secondhand smoke; • Reduce high blood pressure high lipids. • Manage diabetes • Medication	• IV rt-PA within 3 hours	**Stroke death rate**

Table 5 (continued): Relationship between primary, secondary and tertiary prevention and the data measures associated with each identified significant health need of the 2030 Healthy Community Outcome Score™ component for the 2021 CHNA.

• Reduce modifiable risks: • Untreated **depressive disorders**; substance use (includes binge, **heavy drinking** and **tobacco use**); history of trauma or abuse; lack of social support / sense of isolation; lack of mental health care. • Increase protective factors: • Reduce access to lethal means; media reporting education	• Screening for suicidal ideation • Referral to treatment • Follow up • Hotlines • Emergency treatment	• Medical treatment for sequel-ae	**Suicide (subset of Injury deaths)**
• Reduce modifiable risks: • Binge, **heavy drinking**; drug use; speeding; fall environmental assessment and modification • Increase protective factors: • Use of seat belts, car seats and bike helmets; child proof homes; falls prevention education; exercise and physical activity, rehabilitative therapies: balance and gait training	• Traffic speed and insobriety enforcement, ignition interlocks • Appropriate first aid, medical stabilization, and prompt transport	• Decreasing the time to medical treatment • Medical treatment • Fall re-habilitation	**Injury death rate (includes poison-ing, motor vehicle, falls, suicides and hom-icides)**
See separate categories for alcohol driving deaths, drug overdose and suicide			
• Reduce modifiable risks: • **Obesity** and overweight; Physical inactivity; **tobacco use; food insecurity** • Increase protective factors: • Healthy weight; **Meeting physical activity and muscle-strengthening recommendations;** access to healthy foods; **fruit intake;** vegetable intake; access to recreation facilities; **driving alone to work**	• **Tobacco use quit attempts** • Reduce high blood pressure	• Prevalence rate • HBA1c test • Manage diabetes • Pre-ventable hospital stays	**Diabetes-related death rate**
• Reduce modifiable risks: • binge and **heavy drinking;** reducing use of drugs; reducing speeding; • Increase protective factors: • Use of seat belts and car seats	• Traffic speed and insobriety enforcement; ignition interlocks • Appropriate first aid, medical stabilization, and prompt transport	• Decreasing the time to medical treatment • Medical treatment	**Alcohol driving deaths (subset of Injury deaths)**

Data Analysis

Discussion of Identified Significant Health Needs

Each identified significant health outcome's needs' measures have been analyzed with its related health factor data measures from secondary sources and/or as refined geographical results from the 2021 hospital defined community (HDC) survey. While confirmation from more than one data source lends credibility to the result, it also enables a description of the issue and can "tell a story."

Since Blacks were under-represented in the mailed survey results and because whole population rates can disguise within-population trends, steps were taken to analyze data for differences due to race. Unfortunately, due to the small number of Blacks located in both the hospitals' defined community (HDC) and Washington County (WC), limited information was obtained (3.6% for HDC zip codes and 3.1% for WC according to American Community Survey 2019 five-year estimates). Death rates were analyzed in one, three-, five- and ten-year increments (and even fifteen- and twenty-year) to achieve enough power to detect differences. These differences will be discussed under each identified significant health need.

In addition, since many of the health factor measures are themselves inter-related, analyses of some measures of primary and secondary prevention are more efficiently discussed together, rather than repeating them with each health outcome. These health factor measures are discussed first, separately from the health outcomes.

Identified significant Health Factor Needs Affecting Multiple Health Outcomes

There are identified significant health factor need measures that affect multiple health outcomes' primary prevention. To reduce repetitiveness, they are discussed together here rather than under each of the health outcomes they affect. These include: depressive disorders; food insecurity, fruit intake, youth obesity, meeting physical activity and muscle-strengthening recommendations; driving alone to work; heavy drinking; tobacco use (adult and youth E-cigarette use, pregnant smoking and fewer quit attempts); and unemployment. Table 6 summarizes how these health factors overlap with the health outcomes.

Depressive disorders include major, minor and/or chronic depression and affect how a person feels and can also cause changes in their body. It disrupts sleep and appetite; causes malfunctions in cognitive ability, immune function and the cardiovascular system; and increases the risks of drug/alcohol abuse and suicide.[li] HDC's measure score was negative (-78.1%) and was estimated to affect more than 39,900 HDC residents and 7.6% of the 2021 HDC survey respondents cited mental health as the most important issue their community faced. When analyzed by race, there was no difference in the survey responses, but the Chi Square test was limited in that one cell had less than five events expected. The estimated cost to the US in 2020 dollars was $339.29 billion.[lii]

Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year and WC had a negative measure score (-47.1%). No data were available by race for state or county level, but at the national level, rates of food insecurity were higher than the national average (10.5 percent) for households with Black, non-Hispanic (21.7 percent) and Hispanic (17.2 percent) reference persons (a reference person is an adult household member in whose name the housing unit is owned or rented).[liii] Lacking consistent access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the measure also addresses the ability of individuals and families to provide balanced meals, including fruits and vegetables, further addressing barriers to healthy eating.[liv] The estimated cost to the US in 2020 dollars was $57.71 billion.[lv] WC's 2020 population affected by this measure is 11,838 households and 0.3% of 2021 HDC survey respondents cited hunger as the most important health issue in their community.

Table 6. Chart illustrating the relationship between multiple health factors and their effect on multiple health outcomes.

	Health Outcomes										
Health Factors Affecting Multiple Health Outcomes	Alcohol driving deaths	Breast cancer deaths	Colorectal cancer deaths	COPD deaths	Coronary heart deaths	Diabetes-related deaths	Drug overdose deaths	Injury deaths	Lung cancer deaths	Stroke deaths	Suicide
Depressive disorders	●				●		●	●			●
Food insecurity, fruit intake, youth obesity, meeting physical activity and muscle-strengthening recommendations; driving alone to work		●	●		●	●				●	
Heavy drinking	●	●	●		●		●	●		●	●
Tobacco use (adult and youth E-cigarette use, pregnant smoking and fewer quit attempts)		●	●	●	●	●	●		●	●	●
Unemployment	●	●	●	●	●	●	●	●	●	●	●

HDC's measure score for youth obesity was -14.8%. Obesity is usually caused by poor diet and lack of sufficient physical activity. It increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer (accounts for 12% of the incidence of breast cancers and 10% of colorectal), hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis. Deaths attributable to obesity include 80% of diabetes, 59% of coronary heart disease, 15% of stroke, 11% of colorectal cancer and 10% of breast cancer.[lvi] Four proxy measures for obesity that address the two causes (diet and exercise) are fruit intake;

vegetable intake; meeting physical activity and muscle strengthening recommendations; and driving alone to work. The HDC has a negative score for fruit intake, meeting recommendations and driving alone to work measures (-129.8%, -219.1% and -24.9%, respectively), while its vegetable intake measure is making progress towards the Healthy People 2030 goal (49.9%). When analyzed by race, there was no difference in the survey responses for fruit intake and meeting recommendations, but the Chi Square test was limited in that one cell had less than five events expected. No data were available by race or ethnicity for county level for youth obesity, but at the state level there were no significant differences by race in the 2019 Youth Risk Behavior Survey (YRBS), while at the national level, both Black and Hispanic students were statistically significantly higher than White or Asian students.[lvii] Percentages of both Black (81.2% with CI 79.5%-82.9%) and Hispanic (73.7% with CI 71.3%-76%) Washington County commuters aged 16 years and older who drive alone to work are lower than White (90.7% with CI 90.5%-90.9%). The total cost of youth obesity to the US in 2020 dollars was $21.8 billion; of lack of sufficient fruit intake was $9.94 billion; of not meeting recommendations was $133.16 billion; and of driving alone to work was $16 billion .[lviii] A 2018 estimate of the number of Washington County students in grades K-12 with obesity (greater than 95% Body Mass Index (BMI) for age and sex) was 4,904 students. The 2021 HDC estimates were more than 92,600 people who do not eat one or more fruits per day and more than 171,000 people who do not meet aerobic physical activity and muscle-strengthening recommendations. According to the 2021 HDC survey, 14.6% of respondents indicated that obesity was the most important health issue in their community and another 12.5% indicated that maintaining one's health was the most important.

Excessive drinking (defined as binge and heavy drinking) is a risk factor for a number of adverse health outcomes: alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. It has also been attributable to the cause of 8% of suicides, 10% of breast and colorectal cancer deaths and 9% of stroke deaths.[lix] HDC has a negative at risk for heavy drinking score (-95.5%)). There was not enough data in the survey responses to analyze any difference by race for heavy drinking. The estimated cost to the US in 2020 dollars was $26.8 billion for heavy drinking.[lx] A 2021 estimate of the number of HDC residents who drink heavily is more than 15,800. According to the 2021 HDC survey, 9.2% of respondents indicated that substance abuse was the most important health issue in their community.

Tobacco use (including e-cigarette, smoking and smokeless use) is identified as a cause in multiple diseases including various cancers and cardiovascular disease. 85% of lung cancer and COPD deaths, 31.3% of coronary heart disease deaths, 13% of stroke deaths, 12% of colorectal cancer deaths, 8.4% of suicides and 7.5% of diabetes deaths are attributable to tobacco use.[lxi] HDC's negative measure scores for adult E-cigarette use (-2656.3%), youth E-cigarette use (-369.7%) and pregnant smoking (-397.7%) is estimated to affect 18,295 adults in the 2021 HDC area; 2,175 youth in grade 6 to 12 in 2018 WC; and 287 WC pregnancies in 2020, respectively. Tobacco use quit attempts also had a negative measure score (-112.4%) and meant that in 2021, 13,714 HDC tobacco users did not try to quit for one day or longer in the past year. When analyzed by race, Blacks were more likely to

use E-cigarettes than all other races but the Chi Square test was limited in that one cell had less than five events expected. When tobacco use quit attempts were analyzed by race, there was no difference in the survey responses, but the Chi Square test was limited in that one cell had less than five events expected. When analyzed by race, Blacks in WC had a lower percentage of abstaining from cigarette use during pregnancy with a 2019 measure of 74.4%(CI of 55.7%-93.1%), but because the CI overlaps with the all races' CI (84.8% (CI of 83.1%-86.3%)), there was no statistically significant difference . The estimated cost to the US in 2020 dollars was not able to be calculated for the use of E-cigarettes since it is a relatively new behavior whose effects have not been extensively studied. However, pregnant smoking and the lack of quit attempts were calculated to be (in US 2020 dollars) $0.61 billion[lxii] and $34.33,[lxiii] respectively. According to the 2021 HDC survey, 0.2% of respondents indicated that tobacco use was the most important health issue in their community.

The unemployed population experiences worse health and higher mortality rates than the employed population.[lxiv] Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality, especially suicide.[lxv] Because employer-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to health care. WC had a large negative measure score of -1410.3% in 2020 which represents about 9,871 people aged 16 years or older who were looking for work. When analyzed by race, Blacks have a higher unemployment percentage: 12% (CI of 8.5%-15.5%) versus 5.4% (CI of 4.9%-5.9%) for all races according to the 2020 American Community Survey five-year average estimates for Washington County. Unemployment represents a cost of about $143.6 billion in US 2020 dollars in just unemployment benefits alone across the entire US.[lxvi] Unemployment was not cited as a health issue by 2021 HDC survey respondents.

Now, each health outcome need will be discussed in detail by level of prevention.

Drug overdose death rate

WC scored highly negatively on the accidental drug death rate (-1360.7%) and accounts for 8.02% of premature deaths in 2020. When analyzed by race, the three (2020-2018), five (2020-2016) and ten (2020-2011) year (the one (2020) year was unreliable given low numbers) death rate averages revealed a significant difference between Blacks and Whites in WC that translated to a highly negative 2030 Healthy Community Score ™ of -4302.9%, -3516.9% and -2091.8% (respectively) for Blacks. The estimated cost to the US in 2020 dollars was $1084.62 billion[lxvii] and 101 Washington County residents died in 2020. According to the 2021 HDC survey, 9.2% of respondents indicated that substance abuse was the most important health issue in their community.

Risk factors that can be modified for primary prevention include: education of prescription opioid users and their family/friends on overdose risks; sponsoring take-back drives of unused medication in community locations; educating high risk populations (teens, former or current substance abusers) on overdose risks; educating medication prescribers and pharmacies; and closing down "pill mills."

Secondary prevention measures include: using Medicine Assisted Treatment (MAT); implementing harm reduction screening, brief intervention and referral to treatment in health care provider offices; and medication prescribers additionally prescribing Naloxone as a take-home precaution.

Tertiary prevention measures include: Naloxone distribution programs to emergency medical teams (EMT) and other community organizations in contact with potential overdose victims; overdose education in emergency departments (ED) after revival; implementing harm reduction screening, brief intervention and referral to treatment in ED; and ED prescribing Naloxone as a take-home precaution.

Coronary heart disease death rate

Washington County (WC) scored negatively on the coronary heart disease death rate (-6.1%) and it accounted for 7.34% of premature death in 2020. When analyzed by race, only the ten (2020-2011) year (the one (2020) year had no deaths while the three (2020-2018) and five (2020-2016) year averages revealed no differences in rates between races) death rate average revealed a significant difference between Blacks and Whites in WC that translated to a negative 2030 Healthy Community Score ™ of -173.7% for Blacks. The estimated cost in medical care and lost productivity to the US in 2020 dollars was $207.52 billion[lxviii] and 252 WC residents died of it in 2020. According to the 2021 HDC survey, 2.6% of respondents indicated that heart disease was the most important health issue in their community. An estimate of 8.0% of the same respondents self-reported as being diagnosed with coronary heart disease.

Risk factors that can be modified for primary prevention of coronary heart disease include: obesity and overweight (account for 59% of deaths); exposure to secondhand smoke; binge and heavy drinking; physical inactivity; tobacco use (accounts for 31.3% of deaths); and poor diet (accounts for 24% of deaths). Protective factors that can be increased include: healthy weight; meeting physical aerobic activity and muscle-strengthening recommendations; fruit intake; vegetable intake; and access to recreation facilities.

Secondary prevention related measures for coronary heart disease include managing diabetes and reducing: heart attack incidence; high cholesterol; and high blood pressure. Managing diabetes will be discussed under the diabetes-related death rate (see page 98). Fayette, Greene and Washington Counties' three-year average (2018-2020) had a higher percentage of residents aged older than 35 years who reported having had a heart attack (8% Confidence Interval (CI) 6%-12%) according to PA's EDDIE BRFSS database, compared to the 2021 HDC survey respondents(3.8% CI 2.7%-5.3%).[lxix]

The 2021 survey found that 30.8% (CI 27.8%-34.1%) of HDC residents had been told they had high cholesterol and 88.1% (CI 83.5%-92%) had it checked within the last year. In the 2021 survey, an age-adjusted 27.6% (CI 24.6%-30.7%) had been told they had high blood pressure which is better than the HealthyPeople 2030 (HP 2030) goal of 27.7%. The age-adjusted percent who thought it was under control (73.2%, CI 67.5%-78.2%) was also better than the goal for HP 2030 (60.8%).

Tertiary prevention for heart attack patients includes timely percutaneous intervention (PCI) within 90 minutes of hospital arrival or fibrinolytic therapy within 30 minutes of hospital arrival.

Lung cancer death rate

Washington County scored negatively on the lung cancer death rate (-99.7%) and it accounted for 6.31% of premature death in WC in 2020. When analyzed by race, the five (2020-2016) and ten (2020-2011) year (the one (2020) and three (2020-2018) year averages were unreliable given low numbers) death rate averages revealed no significant difference between Blacks and Whites in WC. The estimated cost to the US in 2020 dollars was $70.23 billion[lxx] and 129 Washington County residents died in 2020. According to the 2021 HDC survey, 6.6% of respondents indicated that cancers were the most important health issues in their community.

Risk factors that can be modified for primary prevention of lung cancer include tobacco use and exposure to secondhand tobacco smoke (responsible for about 80%-90%) as well as radon (responsible for about 10%), other workplace toxins (asbestos, uranium and coke responsible for 9%-15%) and outdoor air pollution (1%-2%)[lxxi].

There are few secondary (tobacco quit attempts) and tertiary prevention techniques (The only recommended screening test for lung cancer is low-dose computed tomography (also called a low-dose CT scan, or LDCT) for lung cancer)). The U.S. Preventive Services Task Force (USPSTF) recommends yearly lung cancer screening with LDCT for people who: have a 20 pack-year or more smoking history (A pack-year is smoking an average of one pack of cigarettes per day for one year.); smoke now or have quit within the past 15 years; and are between 50 and 80 years old. Most cancers are detected at a late stage of disease and have low survival rates (16% at 5 years compared to 90% for breast, colon and prostate cancers)[lxxii].

Chronic Obstructive Pulmonary Disease (COPD) death rate

Washington County scored negatively on the COPD death rate (-81.0) and it accounted for 2.99% of premature deaths in 2020. When analyzed by race, the ten (2020-2011) year (the one (2020), three (2020-2018) and five (2020-2016) year averages were unreliable given low numbers) death rate average revealed no significant difference between Blacks and Whites in WC. The estimated cost to the US in 2020 dollars was $49 billion[lxxiii] and 143 Washington County residents died in 2020. According to the 2021 HDC survey, 0.3% of respondents indicated that “breathing issues” were the most important health issue in their community.

Primary prevention includes avoiding tobacco use, secondhand smoke and air pollution. Washington County’s large positive score for weighted Air Quality Days above 100 per 10,000 population (1000%) may be misleading in that the measure is based on the average of only three monitoring sites within the county: one in Washington, one in Hillman state forest (near Burgettstown) and one in Charleroi.

Secondary prevention includes tobacco use cessation and vaccines for influenza and pneumonia. HDC's yearly influenza and pneumonia vaccine measures scores (for those 65 years of age and older) are highly positive at 392.7% and 137.2%, respectively.

Tertiary prevention for COPD includes managing symptoms through the use of medications. No national, commonwealth or HDC information is available on medication use for COPD. However, according to the 2021 HDC survey, the 7.7% of respondents who said they were diagnosed with COPD had an average of four episodes per year which indicates that control of the disease is an issue.

Female breast cancer death rate

Washington County scored negatively on the female breast cancer death rate (-27.3%) and it accounted for 1.88% of premature deaths in 2020. When analyzed by race, the fifteen (2020-2006) year (the one (2020), three (2020-2018), the five (2020-2016) and ten (2020-2011) year averages were unreliable given low numbers) death rate average revealed no significant difference between Blacks and Whites in WC. The estimated cost to the US in 2020 dollars was $42.78 billion[lxxiv] and 34 Washington County resident women died in 2020. According to the 2021 HDC survey, 6.6% of respondents indicated that cancers were the most important health issues in their community.

Risk factors that can be modified for primary prevention include obesity (accounts for 12% of incidence and 10% of deaths); binge and heavy drinking (accounts for 10% of deaths); hormone replacement therapy; and radiation exposure. Protective factors that can be increased include: healthy weight; meeting aerobic physical activity and muscle-strengthening recommendations; access to healthy foods; fruit and vegetable intake; and access to recreation facilities.

Secondary prevention related measures for breast cancer include screening to detect cancers at an early stage of diagnosis. The HDC had a large positive score for breast cancer screening (135.8%).

Tertiary prevention for breast cancer includes surgery, chemotherapy, radiotherapy and endocrine therapy.

Colorectal cancer death rate

Washington County scored negatively on the colorectal cancer death rate (-22.2%) and it accounted for 1.71% of premature deaths in 2020. When analyzed by race, the ten (2020-2011) year (the one (2020), three (2020-2018) and five (2020-2016) year averages were unreliable given low numbers) death rate average revealed no significant difference between Blacks and Whites in WC. The estimated cost to the US in 2020 dollars was $39.54 billion[lxxv] and 44 Washington County residents died in 2020. According to the 2021 HDC survey, 6.6% of respondents indicated that cancers were the most important health issues in their community.

Risk factors that can be modified for primary prevention include obesity (accounts for 10% of incidence and 11% of deaths); binge and heavy drinking (accounts for 10% of deaths); and tobacco

use (accounts for 12% of deaths). Protective factors that can be increased include: healthy weight; meeting physical activity and muscle-strengthening recommendations; access to healthy foods; fruit and vegetable intake; access to recreation facilities; and polyp removal.[lxxvi] Since polyp removal is related to screening, it is discussed under secondary prevention below.

Secondary prevention related measures for colorectal cancer include tobacco quit attempts and screening to detect pre-cancers or cancers at an early stage of diagnosis. HDC's 2021 positive score for colorectal screening (89.1%) indicates that it is making progress towards the HP 2030 goal.

Tertiary prevention for colorectal cancer includes administration of low-dose aspirin and the promotion of physical activity.[lxxvii]

Stroke death rate

Washington County scored negatively on the stroke death rate (-118.9%) and it accounted for 1.54% of premature deaths in 2020. When analyzed by race, the five (2020-2016) and ten (2020-2011) year (the one (2020) and three (2020-2018) year averages were unreliable given low numbers) death rate averages revealed no significant difference between Blacks and Whites in WC. The estimated cost to the US in 2020 dollars was $73.96 billion[lxxviii]. According to the 2021 HDC survey, 0.4% of respondents indicated that high blood pressure (the major cause of strokes) was the most important health issue in their community.

Risk factors that can be modified for primary prevention include refraining from tobacco use (accounts for 13% of deaths), reducing obesity and overweight (accounts for 15% of deaths), eating a low-fat diet high in fruits and vegetables, not heavily or binge drinking alcohol (could prevent 9% of deaths), exercising regularly and maintaining a normal body weight.

Secondary prevention measures include controlling hypertension and diabetes (could prevent 5% of deaths); quitting tobacco use and reducing exposure to environmental tobacco smoke; lowering total and low-density cholesterol and triglyceride levels and increasing high-density cholesterol; and anticoagulant (e.g., warfarin) or antiplatelet (e.g., aspirin, ticlopidine) therapy among patients with atrial fibrillation. Hypertension and high cholesterol management were discussed previously under coronary heart disease death rate (see page 93) and diabetes will be discussed under the diabetes-related death rate (see page 98).

Tertiary prevention measures include minimizing disability through administering acute reperfusion therapy within 3 hours from symptom onset and physical rehabilitation.

Suicide death rate

Washington County scored negatively for the suicide death rate (-252.4%), which accounts for 1.45% of premature deaths in 2020. When analyzed by race, the one (2020), three (2020-2018), five (2020-2016), ten (2020-2011), fifteen (2020-2006) and twenty (2020-2001) year averages were unreliable given low numbers. The estimated cost to the US in 2020 dollars was $65.42 billion[lxxix]

and 32 Washington County residents died in 2020. According to the 2021 HDC survey, 7.6% of respondents indicated that mental health was the most important health issue in their community.

Modifiable risk factors for suicide include: untreated depression and other mood disorders, substance use; history of trauma or abuse; lack of social support and sense of isolation (e.g., bullying); and lack of health care. Protective factors include efforts to reduce access to lethal means and to educate the media on coverage of suicide.

Since suicidal behavior is recognized as a continuum of thoughts and behaviors ranging from suicidal ideation to completed suicide, secondary prevention attempts to target intervention as the behavior is occurring, with the goal of minimizing any self-injury. Screening for suicidal ideation, referral to treatment, pharmacological interventions, psychological interventions, follow-up care, and hotlines are all examples of secondary prevention.

Tertiary suicide prevention occurs in response to failed or completed suicides and attempts to minimize the impact and reduce the likelihood of subsequent self-injury and diminish suicide contagion (clusters of suicides in a geographical area that occur predominantly among teenagers and young adults). Effective intervention in a suicidal crisis and therapeutic treatment following suicidal behavior to prevent future attempts or to reduce the severity of an injury are examples of tertiary prevention. Counseling for those affected by a suicide completion and educating the media on responsible reporting are other examples.

Injury death rate

Washington County scored highly negatively on the injury death rate (-432.9%) and it accounted for 3.5% of premature deaths in 2020. When analyzed by race, the one (2020), three (2020-2018), five (2020-2016) and ten (2020-2011) year death rate averages revealed a significant difference between Blacks and Whites in WC that translated to highly negative 2030 Healthy Community Scores ™ of -2935.7%, -1708.6%, -1468.6 and -934.3% (respectively) for Blacks. The estimated cost due to premature death to the US in 2020 dollars was 2254.7 billion[lxxx] and 236 Washington County residents died of it in 2020.

The injury death rate includes unintentional injuries (poisoning (47.4% of deaths in WC from 2018-2020), motor vehicle traffic deaths (10%), and falls (18.2%)) and intentional injuries (suicides (18%) and homicides (0%)). In addition to these categories, of the unsuppressed deaths in WC from 2018-2020, fire accounted for 2.1%, obstruction of airway was responsible for 1.9% and unknown cause for the remaining 2.3%. Since the drug overdose death rate measure as well as the suicide measure are included in this measure and are major drivers of it and are discussed elsewhere, only motor vehicle traffic and falls deaths will be discussed in this section. In addition, further analysis of both motor vehicle traffic and falls deaths indicates that they do not statistically significantly add to the injury death rate. An analysis of age-adjusted motor vehicle traffic death rates by geography indicates that the 2018-2020 WC rate (11.6 per 100,000 population (CI of 9-14.7)) is higher than PA's rate (8.6 (CI of 8.3-8.9)) but not the US' rate (11.4 (CI of 11.4-11.5)). In addition, because WC's rate's

CI is so large, it cannot be distinguished between HP 2030's baseline (11.2) for motor vehicle death rates or its goal (10.1). An analysis of age-adjusted fall death rates by geography indicates that the 2018-2020 WC rate (10.9 per 100,000 population (CI of 8.8-13)) is no different than PA's rate (11 (CI of 10.7-11.2)) or the US' rate (10.2 (CI of 10.1-10.3)). In addition, because WC's CI is so large for its age-adjusted falls death rate (73.8 (CI 59.8-90.2)) for people aged 65 years and older, it cannot be distinguished between HP 2030's baseline (64.4) for fall death rates for people aged 65 years and older or its goal (63.4).

Modifiable risk factors for motor vehicle deaths include reducing binge and heavy drinking, reducing use of drugs, and reducing speeding. Falls prevention education and environmental assessment and modification can reduce risk of falls.

Protective factors for motor vehicle deaths include use of seat belts, car seats and bike helmets while exercise and physical activity, rehabilitative therapies: balance and gait training can protect against falls.

Secondary prevention related measures for motor vehicle deaths include traffic speed enforcement, ignition interlocks and sobriety checkpoints while for falls deaths it includes appropriate first aid, medical stabilization, and prompt and safe transport to the right facility.

Tertiary prevention for motor vehicle deaths includes decreasing the time to medical treatment and medical treatment. Tertiary prevention for falls includes rehabilitation which is defined as engaging in targeted therapeutic activity to improve mobility, strength, flexibility, balance, speech and cognition.

Diabetes-related death rate

Washington County scored negatively on the diabetes-related death rate (-81.0%) and it accounted for 1.02% of premature deaths in 2020. When analyzed by race, the three (2020-2018), five (2020-2016) and ten (2020-2011) year (the one (2020) year was unreliable given low numbers) death rate averages revealed a significant difference between Blacks and Whites in WC that translated to a highly negative 2030 Healthy Community Score ™ of -1544.1%, -1470.3% and -1334.3% (respectively) for Blacks. The estimated cost due to premature death to the US in 2020 dollars was $347.38 billion[lxxxi] and 253 Washington County residents died in 2020. According to the 2021 HDC survey, 1.5% of respondents indicated that diabetes was the most important health issue in their community.

Risk factors that can be modified for primary prevention of diabetes-related diseases include: obesity and overweight (accounts for 80% of deaths); physical inactivity; and tobacco use (accounts for 7.5% of deaths). Protective factors that can be increased include: healthy weight; meeting physical activity and muscle-strengthening recommendations; access to healthy foods; fruit and vegetable intake; and access to recreation facilities.[lxxxii] Another measure of primary prevention is the prevalence of diabetes. The 2021 HDC survey's age-adjusted percentage (7.2% with a CI of

5.5%-9.1%) is not different from WC's 2019 percentage (8.2% CI 5.8-10.9), but it scored highly positive on its 2030 Healthy Community Health Factor Score ™ at 208.8%.

Secondary prevention related measures for diabetes includes reducing high blood pressure and high cholesterol as well as increasing tobacco use quit attempts. In the 2021 HDC survey, 71.6% (CI 60.2% to 79.8%) of respondents with diabetes said they had been told by a health care provider that they had high blood pressure, and 82.4% (CI 69.5%-90.2%) percent thought it was under control. 63% (CI 51.4% to 72.2%) of respondents with diabetes said they had been told by a health care provider that they had high cholesterol and 95.6% (85.1-99.2) had their cholesterol checked within the last year.

Tertiary prevention includes managing diabetes through medication, diet and exercise. Hemoglobin A1C tests (A1C) reflect the degree of glycemic control the person has had over the past three months. HDC's 2021 age-adjusted percentage of A1C measures above 9% for respondents with diabetes was 38.8% (CI 28.2%-49.2%) and was statistically significantly higher than HP 2030's baseline of 18.7% (no CI available). HP 2030 has a goal to reduce diabetes-related hospitalizations for people with diabetes who are aged 65 years of age or older from 293.3 per 100,000 population to 264 per 100,000. The HDC rate of possibility preventable hospitalizations for diabetes (Agency for Healthcare Quality and Research (AQHR) Prevention Quality Indicator (PQI) Diabetes Composite 93) which is the measure used by HP 2030's objective, was 234.6 for the three-year average from 2018-2020, which is better than HP 2030's goal.

Other information collected on the 2021 HDC survey about the health behaviors of people with diabetes included: yearly eye exams; ever taken a management class; and loss of feeling (neuropathy). The age-adjusted percentage of respondents with diabetes who had an annual eye exam (50.5% with a confidence interval (CI) of 39%-61%) was statistically significantly lower than the HP 2030 baseline of 62.3% (no CI available). The age-adjusted percentage of respondents who had ever taken a diabetes management course (37.1% with a CI of 26.6%-48.1%) was also was statistically significantly lower than the HP 2030 baseline of 51.7% (CI of 49.2%-54.2%). 44.4% (CI 32.3-53.6) of respondents with diabetes said that a health care professional had told them that they had neuropathy.

Alcohol driving deaths

Washington County scored negatively for the alcohol driving deaths (-457.1%), which accounts for 0.8% of premature deaths in 2020. The underlying data source for this measure did not allow analysis by race. The estimated cost to the US in 2020 dollars was $65.42 billion[lxxxiii] and 9 of Washington County residents died in 2020. According to the 2021 survey, 9.2% of respondents indicated that substance abuse was the most important health issue in their community.

Risk and protective factors, secondary and tertiary prevention for alcohol driving deaths can be found under the injury death rate section, motor vehicle death rate on page 98.

Gathering Input on 2018 CHNA

Several methods were used to solicit feedback from the community on the 2018 CHNA report and implementation plans for Penn Highlands Mon Valley (PHMV) and Washington Health System (WHS). Both systems placed a way to communicate written feedback on their reports and plans on their respective websites. No comments have been received as of May 2022. In addition, three meetings were held to solicit feedback.

PHMV held a meeting on May 17, 2022 with seven participants of their Patient and Family Advisory Council (PFAC). The group was given a presentation on the 2018 CHNA results, implementation plan and evaluation of impact and asked to provide written feedback on the information. The feedback form listed each of the needs from the 2018 CHNA and participants were able to comment upon and/or rate them on a scale of one to four with 1 being less important, 2 being somewhat important, 3 being important and 4 being very important. Results from seven returned forms are included in Table 7.

The feedback form also included a list of the four 2020-2022 implementation plan goals and space to provide written comments on each. Implementation plan feedback for PHMV is included in Table 8.

WHS held two meetings to solicit written feedback. Each group was given a presentation on the 2018 CHNA results, implementation plan and evaluation of impact and asked to provide written feedback on the information. The feedback form listed each of the needs from the 2018 CHNA and participants were able to comment upon and/or rate them on a scale of one to four with 1 being less important, 2 being somewhat important, 3 being important and 4 being very important.

1. The first meeting was held on May 19, 2022 with ten attendees of the Patient and Family Centered Care Committee in Washington, PA. Results from nine returned forms are included in Table 9.
2. The second meeting was on May 24, 2022 with about forty attendees of their Physician Hospital Organization (WPHO) Office Managers also in Washington, PA. Results from one returned form is included in Table 11.

The feedback form also included a list of the two 2019-2021 implementation plan goals and space to provide written comments on each. Implementation plan feedback for Washington Health System is included in Tables 10 and 12, respectively for each group listed above.

Table 7. Results from PHMV 5-17-2022 PFAC meeting ranking of 2018 CHNA identified health needs. Scale is 1 being less important, 2 being somewhat important, 3 being important and 4 being very important.

2018 CHNA Health Needs	Ranking	Comments
Access to healthy food/Fast food	3.1	Education is needed at an early age
Accidental drug poisoning deaths	3.0	Awareness of the distribution, becoming more active and youth are more susceptible.
Heavy drinking	2.9	Need stress management
Late stage breast cancer, Mammography	3.9	
Colorectal cancer deaths	3.9	Early screening is essential.
Dental visits	2.6	Most people do not realize the importance of dental health.
Diabetes deaths	3.1	Prevention is key.
Fruits & vegetable consumption, youth obesity	3.4	Healthy lifestyles lead to less problems as we age.
*Stroke deaths (added by planning committee)	3.9	Need education of signs and symptoms.
Suicide deaths	3.7	Parents and schools need to be more aware of early signs of emotional problems before our youth turn to drugs, etc.
Tobacco Use (Adult smokeless use, Pregnant smoking and fewer quit attempts)	3.1	
Other (please specify)	Not rated	Mental health programs are needed to help with substance abuse issues.

Table 8. Results from 5-17-2022 PFAC meeting comments on PHMV's 2020-2022 CHNA implementation plan.

PHMV 2020-2022 Implementation Goals	Comments
Goal #1: Diabetes—Penn Highlands Mon Valley will provide educational programming and screenings to help diagnose people with diabetes and help them manage their conditions.	I believe screening programs for younger individuals should be a higher priority. This is an important program. I believe the continual focus will help with the quality of life in the Mon Valley. How to get to people in denial and untreated.
Goal #2: Stroke Deaths—Penn Highlands Mon Valley will offer services and programming to provide prompt diagnosis and treatment, to educate the community and provide support to stroke survivors and their loved ones.	Stroke support groups are extremely helpful, not just for the survivor, but also for their loved ones as well. I believe that this is one of the most ignored areas of health. Education on the subject and awareness of the signs and symptoms and getting immediate treatment are very important.
Goal #3: Mammography/Breast Cancer Deaths—Penn Highlands Mon Valley will provide services and programs to encourage women to know their risks and to have their annual mammograms so that breast cancer can be detected at its earliest stages.	Even if the education is provided virtually, I believe it could be very beneficial. Continual focus at the national and local level have helped women understand and be aware of many screening services. Walk-ins was the best idea—I've told many about this service. Need visual reminders of easy access.
Goal #4: Colorectal Cancer—Penn Highlands Mon Valley makes an impact on this through screening.	Encouraging younger demographics to get screening done as early as recommended would be a major step forward. I have attended a public outreach and think that having one at least once a year is good. Education is key. Home screenings should be easy first access.

Table 9. Results from WHS' 5-19-2022 PFCC meeting ranking of 2018 CHNA identified health needs. Scale is 1 being less important, 2 being somewhat important, 3 being important and 4 being very important.

2018 CHNA Health Needs	Ranking	Comments
Access to healthy food, Fast food, Fruits & vegetable consumption, youth obesity	3.6	It is important to teach children from a young age the reasons for eating fresh fruits and vegetables so that they develop a taste for them instead of fast food. Hopefully this will help them make good food choices. All school aged groups need assistance to be able to have healthy food and eliminate the stigma attached and the shame for the kids. Important to help diabetes and colorectal goals. Many people can't afford to eat healthy.
Accidental drug poisoning deaths	3.9	More mental health counseling availability is needed. Need to work on control issues. Education in school.
Colorectal cancer deaths	3.9	Deaths can be reduced by educating and encouraging the public to get early screenings. Early health education and improved brief family history. Screening must be done regularly. Everyone needs reminded cause it can have no symptoms.
Dental visits	2.9	Routine dental can help prevent a number of health issues including cardiac heart disease. Dental issues can affect health in many ways—infection and poor nutrition, etc.
Diabetes deaths	3.7	Diabetes causes damage to every body system. Learning to eat healthy at an early age and learning how to manage diabetes once you have it can help reduce deaths. Education and proper nutrition are important.
Heavy drinking	3.2	Can lead to many health issues such as cirrhosis and weight loss. Lots of alcohol consumption locally.
Mammography, Late stage breast cancer	3.5	Routine mammograms help to prevent later breast cancer. Importance of early detection and assistance for those who can't afford the imaging. Annual screening important as more treatable when caught early.
Suicide deaths	3.5	More mental health counseling availability is needed in schools and being proactive in reducing peer pressure. Seems like there has been an increase in the past year. Need education on where they can find help and assistance to get them help.
Tobacco Use (Adult smokeless tobacco use, Pregnant smoking and fewer tobacco use quit attempts)	3.0	Tobacco use can cause COPD, etc. that can affect the person and their family. People are not stopping using tobacco in my family.
Other (please specify)	Not rated	More positivity and Kindness would help especially with drug abuse and suicide. Pulmonary/cardiac issues are important.

Table 10. Results from 5-19-2022 PFCC meeting comments on Washington Health System's (WHS) 2019-2021 CHNA implementation plan.

WHS 2019-2022 Implementation Goals	Comments
Goal #1: Drug overdose deaths—To reduce 2017 accidental drug death rate in Washington and Greene Counties combined (55.2 per 100,000 population, age-adjusted) by 25% (to 41.4 per 100,000 population, age-adjusted) as of June 30, 2021.	Need access to resources. They should work on making usage directions bigger print. Reaching out to children at younger ages may be helpful with this. I feel I have heard kids younger and younger over the years experimenting with drugs. Offering other coping mechanisms for children in difficult situations. Early clear room training, reduce availability, forced rehab after second offense, family training. Grateful to see a reduction. Due to current state, more people are feeling depressed and anxious. Availability of counseling and where to turn. Need methods and activities so people don't feel helpless or that they are alone.
Goal #2: Colorectal cancer deaths—To reduce 2017 colorectal cancer death rate in Washington and Greene Counties combined (19 per 100,000 population, age-adjusted) by 7.4% (to 17.6 per 100,000 population, age-adjusted) as of June 30, 2021.	Need colonoscopy at younger age. Proper screening makes a difference. I feel we have come a long way with screening and diagnostic testing. I understand diet can contribute so maybe more education on healthy fiber diets. Improve diet, improve training in schools, early and increased screening, family history study. Grateful to see a reduction.

Table 11. Results from WHS' 5-24-2022 WPHO Office Managers' meeting ranking of 2018 CHNA identified health needs. Scale is 1 being less important, 2 being somewhat important, 3 being important and 4 being very important.

2018 CHNA Health Needs	Ranking	Comments
Access to healthy food, Fast food, Fruits & vegetable consumption, youth obesity		
Accidental drug poisoning deaths		Not prevalent in our office.
Colorectal cancer deaths		
Dental visits		
Diabetes deaths		
Heavy drinking		
Mammography, Late stage breast cancer		
Suicide deaths		Not prevalent in our office.
Tobacco Use (Adult smokeless tobacco use, Pregnant smoking and fewer tobacco use quit attempts)		
Other (please specify)	Not rated	

Table 12. Results from 5-24-2022 WPHO Office Managers' meeting comments on Washington Health System's (WHS) 2019-2021 CHNA implementation plan.

WHS 2019-2021 Implementation Goals	Comments
Goal #1: Drug overdose deaths—To reduce 2017 accidental drug death rate in Washington and Greene Counties combined (55.2 per 100,000 population, age-adjusted) by 25% (to 41.4 per 100,000 population, age-adjusted) as of June 30, 2021.	Not prevalent in our office.
Goal #2: Colorectal cancer deaths—To reduce 2017 colorectal cancer death rate in Washington and Greene Counties combined (19 per 100,000 population, age-adjusted) by 7.4% (to 17.6 per 100,000 population, age-adjusted) as of June 30, 2021.	Have several patients with colorectal cancer.

Prioritization of Identified Health Needs

Since each hospital is required to write a separate implementation strategy based on the identified health needs, they prioritized the needs separately. However, they agreed on the following criteria:

1. Measure score;
2. Weight of measure score;
3. Measure trend (rising, declining or static);
4. Number of people affected in either the hospital defined community (HDC) in 2021 or Fayette, Greene and/or Washington Counties in 2019/2020;
5. Cost to the US in 2020 dollars; and
6. Perceived community importance (open-ended question on community mailed survey).

Each health system used a multi-step process to determine their prioritization. First, the twenty-three needs were collapsed into related health issues. This produced the following fifteen need categories:

1. Addiction (Alcohol driving deaths, Drug overdose deaths and Heavy drinking)
2. Female breast cancer deaths
3. Colorectal cancer deaths
4. COPD deaths
5. Coronary heart deaths
6. Depressive disorder
7. Diabetes-related deaths
8. Driving alone to work
9. Food insecurity, Fruit intake, Youth obesity, Meeting physical activity and muscle-strengthening recommendations
10. Injury deaths
11. Lung cancer deaths
12. Stroke deaths
13. Suicide deaths
14. Tobacco use (Adult and Youth E-cigarette use, Pregnant smoking and fewer tobacco quit attempts)
15. Unemployment

PHMV surveyed their Board members and asked them to rate each of the fifteen on a Likert scale of one to four: with one being less important; two being somewhat important; three being important; and four being very important. They also added internal assets available as well as community partners as priority criteria and scored each on a Likert scale with one being very many assets; two being many assets; three being some assets; and four being few assets. The internal assets and community partners scores were averaged into an average asset score. The average asset score was then averaged with the board rating to come up with the final rating score. The following areas

were suggested by the Planning Committee to be chosen as priorities and recommended for approval to their board at their June 2022 meeting:

1. Addiction
2. Stroke deaths
3. Diabetes-related deaths
4. Breast cancer deaths
5. Lung cancer deaths

WHS reviewed the needs and discussed them at their March 2022 Administrative Staff meeting and prioritized and recommended the following two needs to both their and Board of Trustees at their meeting in June 2022:

1. Colorectal cancer deaths
2. Lung cancer deaths

Evaluation of Action Impact on 2018 CHNA Prioritized Health Needs

Both Penn Highlands Mon Valley (PHMV) and Washington Health System (WHS) made progress on their respective Implementation plans from their 2018 CHNA prioritized health needs. Evaluation of impact on those needs are detailed below for each hospital system.

Penn Highlands Mon Valley (PHMV) Evaluation

PHMV's 2020-2022 implementation plan contained four goals based on their prioritized health needs. Each of these goals along with their action steps, anticipated results and 2019-2020 data are shown in Tables 13 through 16.

Table 13. Goal #1: Diabetes — Penn Highlands Mon Valley (PHMV) will provide educational programming and screenings to help diagnose people with diabetes and help them manage their conditions.

Action	Anticipated Result	2019-2020 Data
Staff the Center for Diabetes & Endocrinology.	Staff provides high-quality outpatient and inpatient diabetes management and education as well as diabetes prevention education. Staff coordinates diabetes education and care with other MVH services such as Clinical Nutrition, Human Services and the Center for Wound Management.	Name changed to Clinical Nutrition and Diabetes Department and staffed.
Maintain The Joint Commission Certification for Inpatient Diabetes Management.	By maintaining The Joint Commission's Certificate of Distinction for Inpatient Diabetes Care, MVH will fulfill specific education requirements and adhere to monitoring protocols that foster better outcomes across all inpatient settings.	Maintained in 2019 and 2020.
Provide outpatient education programs tailored to individual needs.	Help people effectively manage their diabetes through group education classes, individual counseling, blood sugar monitoring, insulin and oral medication self-management, nutrition counseling, meal planning and exercise and stress management.	Held 41 outpatient educational sessions with 166 people. 17 people completed diabetes Prevention Program and started virtual. 479 and 70 people received bariatric program and weight reduction education.
Provide general outpatient education classes, seminars, programming.	Assist people with diabetes in self-management training, understanding meal plans and understanding blood sugar readings so they can control their diabetes.	Support groups met 8 times in 2019 with 21 members (93 at annual dinner) and 4 times in 2020 with 4+ members (dinner cancelled due to COVID-19). Held one supermarket tour I 2019 and cancelled 2020 due to COVID-19

Table 14: Goal #2: Stroke Deaths— Penn Highlands Mon Valley (PHMV) will offer services and programming to provide prompt diagnosis and treatment, to educate the community and provide support to stroke survivors and their loved ones.

Action	Anticipated Result	2019-2020 Data
Continue the Stroke Telemedicine Program	Give patients access to highly skilled stroke experts at the University of Pittsburgh Medical Center (UPMC) without leaving the Monongahela Valley. A team of stroke-trained neurologists from UPMC are available around the clock for telemedicine consultations. A secure video monitoring system provides a real-time connection between Monongahela Valley Hospital's Emergency Department staff and UPMC's neurologists and endovascular neurosurgeons.	Staffed and 73 patients were treated in 2019 and 2020.
Provide diagnostic screenings to identify people at risk for stroke.	Blood pressure screenings and the semi-annual Multiphasic Blood Screenings help members of the community learn if they are at risk for strokes.	Offered an educational program in August of 2019.
Provide general stroke support and education	Offer a stroke support group for patients and caregivers to share, learn and grow with people who can personally relate to the challenges and struggles they face on a daily basis dealing with stroke and the after effects.	Offered but not active.

Table 15. Goal #3: Mammography/Breast Cancer — Penn Highlands Mon Valley (PHMV) will provide services and programs to encourage women to know their risks and to have their annual mammograms so that breast cancer can be detected at its earliest stages.

Action	Anticipated Result	2019-2020 Data
Perform a risk assessment before every woman has a screening mammogram.	Assess a woman's breast cancer risk at Stage Zero – before cancer has even been identified.	8,496 questionnaires completed.
Offer genetic testing to women who are identified to be at risk for developing breast cancer.	Provides a 25-gene panel of which the breast cancer genes, BRCA1 and 2, are included. Those who have BRCA mutations have a 50 to 85 percent chance of developing breast cancer. If the test indicates a woman carries the genes, preventative therapies can be examined to reduce her cancer risk.	1,699 patients met criteria for testing: • 55 tested • 3 positive • 16 high-risk negative
Offer walk-in mammograms every weekday for women with and without a prescription.	Encourages women who may be overdue for a mammogram or who may never have had one to make an instant decision to get one, and makes it convenient for women to have this annual diagnostic screening.	4,480 walk in mammograms done 3,670 mammograms without Rx done
Offer free breast cancer education/ screening events.	Offers women an opportunity to learn about breast cancer and to have a screening.	Nine educational events were held. More than 838 participants with 10 screenings.

Table 15 (continued). Goal #3: Mammography/Breast Cancer — Penn Highlands Mon Valley (PHMV) will provide services and programs to encourage women to know their risks and to have their annual mammograms so that breast cancer can be detected at its earliest stages.

Action	Anticipated Result	2019-2020 Data
Sponsor Mamm & Glamm an event where women can have mammograms with an afternoon of pampering.	Encourages women to have their screening mammograms in a comfortable setting on a Saturday when it could be more convenient for those who work full-time, plus the pamper helps to relax those who may be anxious about the screening.	Event held 9-14-19 and resulted in 47 mammograms. Cancelled for 2020 due to COVID-19.
Maintain the Breast Imaging Center of Excellence designation.	The Breast Imaging Center of Excellence designation indicates that Monongahela Valley Hospital's patients receive the same high level of diagnostic imaging services as people who go to some of the country's most renowned health centers.	Maintained until 4-25-2025.
Continue to pass the Mammography Quality Standards Act (MQSA) Inspection.	Ensures the Hospital meets uniform quality standards to assure early breast cancer detection.	Two sites passed in 2019, one in 2020 as one was rescheduled for 2021 due to COVID-19.

Table 16. Goal #4: Colorectal Cancer — Penn Highlands Mon Valley (PHMV) makes an impact on this through screening.

Action	Anticipated Result	2019-2020 Data
Conduct free colorectal cancer screenings and distribute take home testing kits.	Educate the community about the signs and symptoms of colorectal cancer and provide testing for early diagnosis.	One educational event held in 2019 with 65 participants. The 2020 event was cancelled due to COVID-19.

Since the data in Tables 13 through 16 are only for PHMV, it is helpful to look at the trend from the score measures to see the impact on Washington County (WC) and/or the Hospital Defined Community (HDC) as well. Figures 16 and 21, on pages 33 and 38, depict the 2011 to 2020 trends for diabetes-related deaths and diabetes prevalence, respectively and relate to PHMV's first goal of diabetes. Although WC's trends for diabetes-related deaths and diabetes prevalence were static from 2011 to 2020, the HDC showed a decrease in diabetes prevalence and was better than the United States (US) 2018 10% improvement goal (7.2% as compared to 8.2%).

Figure 13 on page 30 shows the 2011 to 2020 trend for stroke deaths and relates to PHMV's second goal of stroke. WC's trend was static from 2011 to 2020 and remained better (ten-year average of 40.1) than the Healthy People 2022 baseline of 43.5 per 100,000 population, except for 2020 (44.6).

Figures 11 and 51, on pages 28 and 68, depict the 2011 to 2020 trends for female breast cancer deaths and mammography, respectively and relate to PHMV's third goal of mammography/breast cancer. Although WC's trend for female breast cancer deaths and HDC's trend for mammography were both static from 2011 to 2020, the HDC's 2021 value for women aged 50 to 74 who had

received a mammography in the past two years was better than the HP2030 goal (78.6% as compared to 77.1%).

Figures 12 and 52, on pages 29 and 69, depict the 2011 to 2021 trends for colorectal cancer deaths and colorectal cancer screening, respectively and relate to PHMV's fourth goal of colorectal cancer. Although WC's trend for colorectal cancer deaths and HDC's trend for colorectal cancer screening were both static from 2011 to 2020, the HDC's 2018 value for respondents' aged 50-75 who had been covered by a recommended screening method within the past year was statistically significantly higher than both the US' and PA's values and better than the HP2030 goal (79.2% as compared to 74.4%).

In program evaluation, it can be difficult to attribute effects to a wider population, but it can be said that the work that PHMV is doing is certainly contributing to the improved outcomes seen in some of the score measures.

Washington Health System Evaluation

The Washington Health System's (WHS) 2019-2021 implementation plan contained two goals based on their prioritized health needs. Each of these goals will be discussed separately. The first goal was to reduce the 2017 accidental drug death rate in Washington and Greene Counties combined (55.2 per 100,000 population, age-adjusted) by 25% (to 41.4 per 100,000 population, age-adjusted) as of June 30, 2021. Figure 68 shows the 2011 to 2020 age-adjusted trend for the drug overdose death rate for Greene and Washington Counties (GWC) combined. Although it appears that the rate declined from 55.2 per 100,000 population in 2017 to 43.3 per 100,000 in 2018 and 43.4 per 100,000 in 2019 (and very close to the goal of 41.4 per 100,000), the rate spiked in 2020 to 54.5 per 100,000. Technically, as the error bars show, there are no statistical differences between the rates and the data for 2021 is not yet available as of the writing of this report. It is widely established that the onset of the COVID-19 pandemic and the disruption of

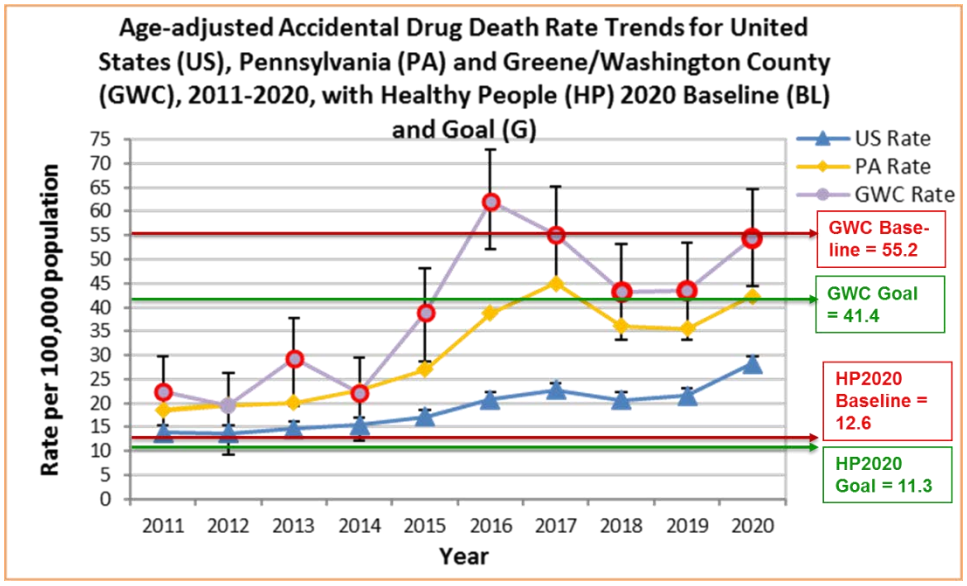


Figure 68: Ten-year trend of Greene and Washington Counties combined age-adjusted drug overdose death rate. Overlapping black error bars indicate no statistical differences between data points.

society that ensued was in part the cause of drug overdoses increasing across the nation.[lxxxiv] A number of process objectives were identified and acted upon to work towards this goal.

Process Objective 1: To continue to administer buprenorphine to appropriate emergency room patients. Figure 69 shows the WHS's Community Health Opioid Project's documented total number of patients presenting at the Washington and Greene county emergency departments (ED) who were assigned F11 ICD-10 codes at discharge for Opioid Use Disorder (OUD) as well as those who were assigned T40 ICD-10 codes for opioid overdose encounters from calendar year 2018 (baseline) to 2021.

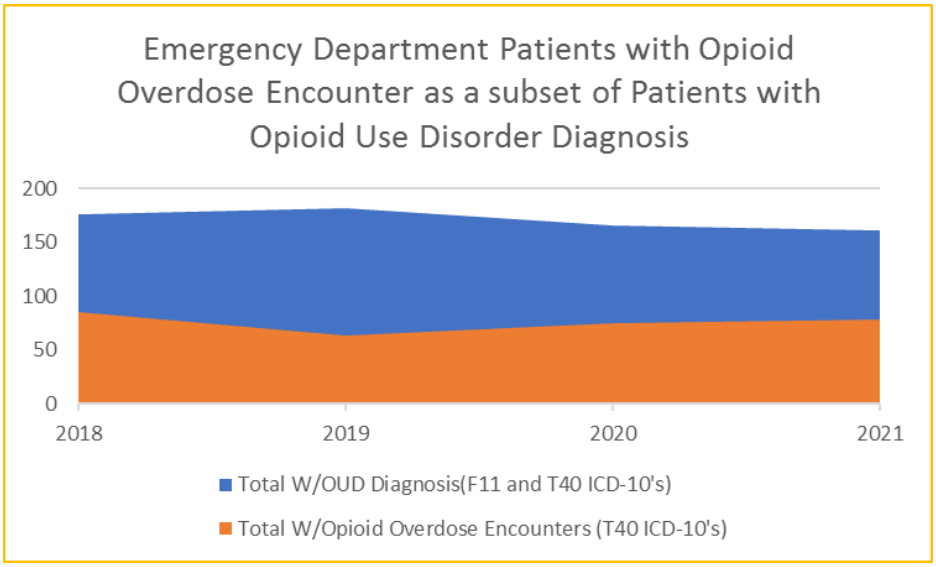


Figure 69: Four-year trend of number of patients presenting at the emergency department for Opioid Use Disorder (OUD) and opioid overdose.

There was a slight reduction in numbers seen from 2018 to 2021 and the percentage of those presenting with an overdose varied from a low of 34.6% in 2019 to a high of 48.4% in 2021. Figure 70 shows the percentage of patients who had buprenorphine administered, with a low of 3.4% in 2018 to a high of 8.8% in 2019.

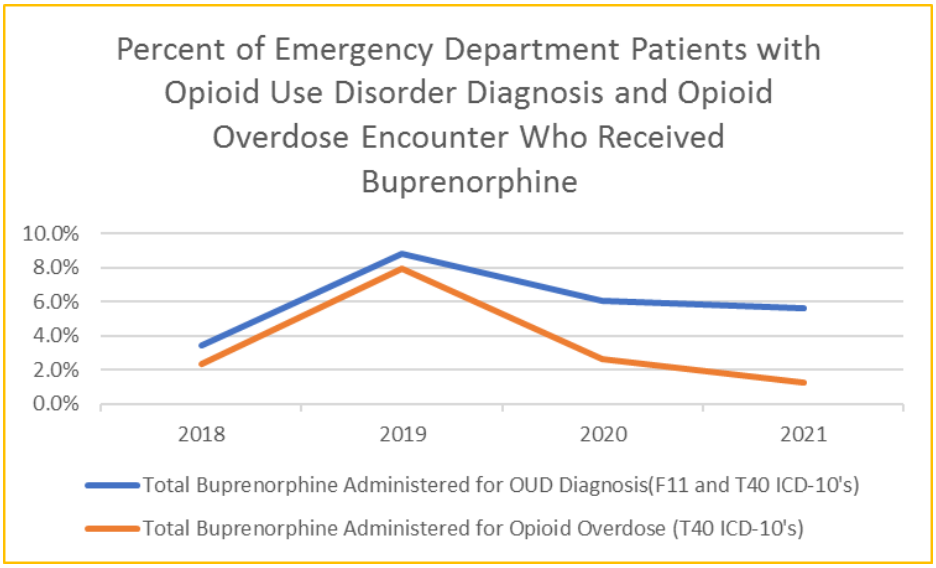


Figure 70: Four-year trend of percent of patients presenting at the emergency department for Opioid Use Disorder (OUD) and opioid overdose who received buprenorphine.

Process Objective 2: To continue to implement the "warm hand-off" of patients presenting with opiate addiction at WHS's emergency departments (ED). Figure 71 shows the percentage of consults sent as a warm hand off to the Single County Authority Drug and Alcohol organization for both Washington and Greene sites, with a low

of 19.3% in 2020 to a high of 32.4% in 2019. In October of 2019, WHS's Washington ED began participating in University of Pittsburgh, School of Pharmacy's Program Evaluation and Research Unit (PERU) Screening, Brief Intervention, and Referral to Treatment (SBIRT) program. WHS' Greene County ED began participating in the same program in October 2021. This program screens all (not just those presenting with an OUD diagnosis) consenting ED patients over the age of 18 for tobacco, alcohol and other drug risks. Those classified as either moderate or high risk are considered positive and are referred to the Single County Authority Drug and Alcohol organization for assessment. Figure 72 shows the percentage of ED patients screened who were positive for drug risk. Washington County Drug and Alcohol Commission performed 117 assessments in 2018; 138 in 2019; 80 in 2020; and 86 in 2021 that had heroin, Buprenorphine, Methadone and/or opioids as the person's drug of choice as a result of WHS' referrals for ED patients presenting either with OUD diagnosis or through the SBIRT screening (note that is only for the Washington Site—no information is available for the Greene County site).

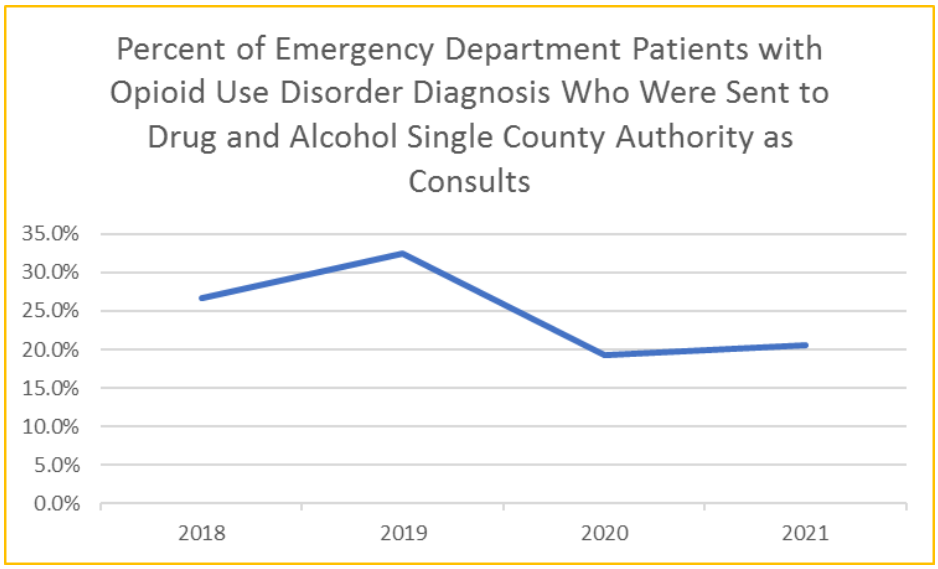


Figure 71: Four-year trend of percent of patients presenting at the emergency department for Opioid Use Disorder (OUD) who were sent as consults as a warm hand-off to the Drug and Alcohol Single County Authority.

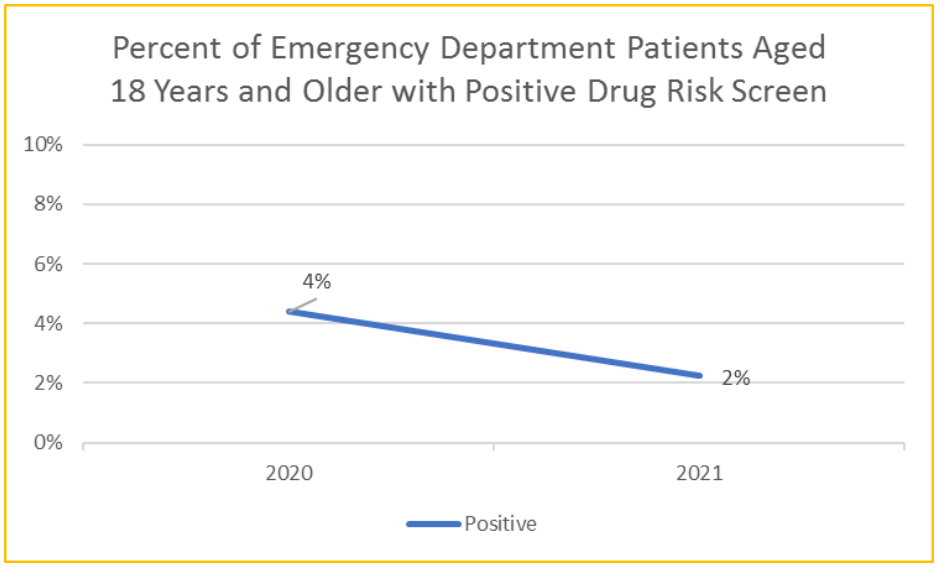


Figure 72: Two-year trend of percent of patients presenting at the emergency department for who screening positive for drug risk.

Process Objective 3: To continue to offer a Medication-Assisted Treatment (MAT) clinic in the family physician residency program. The MAT clinic started in March of 2019 and is available for patients of the Washington, Cecil, and Canonsburg WHS family medicine offices as well as the WHSOB/GYN clinic by referral from their primary care provider. The primary goal at the clinic is to assess and provide maintenance therapies for adults suffering from substance abuse disorders. The clinic is held weekly and has on-site social service support. There have been 34 patients (22 currently), two deaths, ten dismissals and six dropouts. There are about 21 patient encounters a month. Figure 73 shows the number of patient encounters per year from 2019 (159), 2020 (194) to 2021 (271).

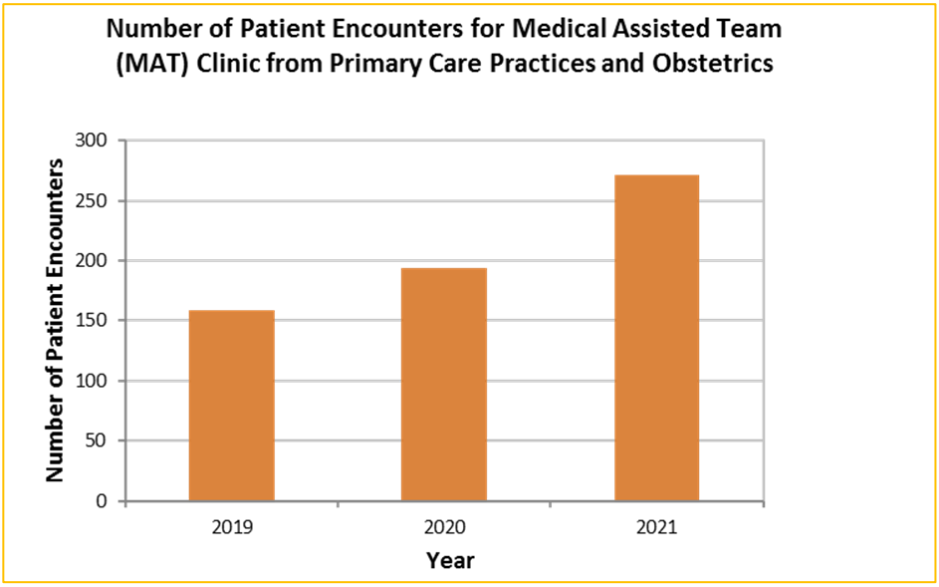


Figure 73: Three-year trend of number of patient encounters in the MAT clinic.

Process Objective 4: To continue to monitor opioid prescriptions for all Washington Physician Group (WPG) patients. The Prescription Drug Monitoring Program (PDMP) System helps to prevent prescription drug misuse (identifies number of patients with: Multiple Provider Episodes; high dosages; and 30 days of overlapping opioid and benzodiazepine prescriptions) and empowers healthcare providers to make informed decisions about prescribing and treatment for

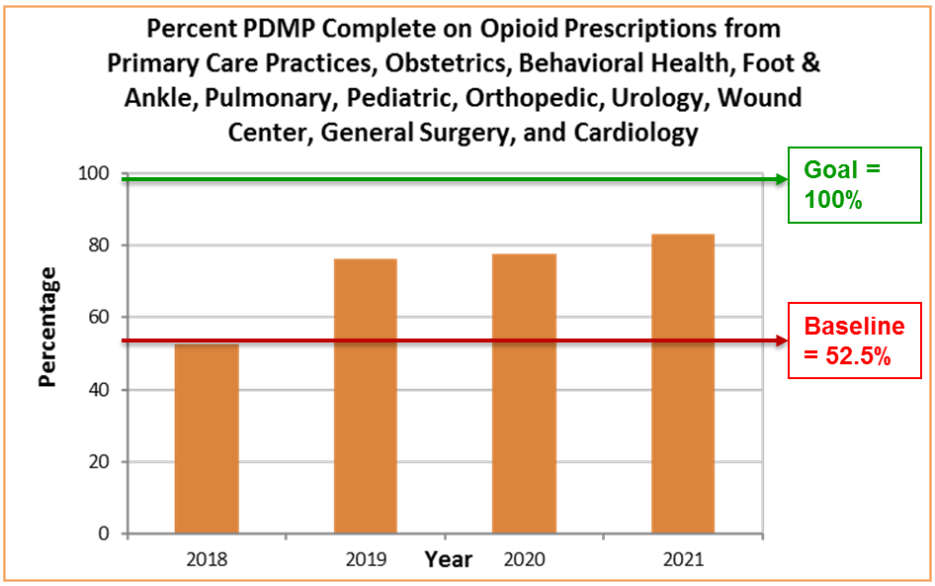


Figure 74: Three-year trend with 2018 baseline year of number of prescriptions checked in WHS service areas.

their patients. Figure 74 illustrates the baseline before the program started in 2018 was only 52.5% of the qualified prescriptions were checked through the PDMP system. This rose to 76.5% in 2019 and again to 77.7% in 2020 and to 83.2% in 2021.

Process Objective 5: To continue to place a priority on identification and treatment of pregnant women with Substance Use Disorder (SUD). WHS is currently working the University of Pittsburgh, School of Pharmacy's Program Evaluation and Research Unit (PERU) regarding an identification procedure. Data from Ms. Chris D'Amico's capstone project from 7-1-19 to 12-31-19 revealed that 109 (25%) of 433 new pregnant women at their first initial nurse visit disclosed substance use on their intake forms based on one question. Ninety percent (390) completed the Self-Assessment Tool (DAST 20) and there was one referral to treatment and 27 patients already in a treatment program. The PERU SUPPORT Program provides all agencies involved in the program with the training, resources, and support to provide the highest quality SUD prevention, recovery, and treatment services for all individuals in Greene County, PA. Since WHS serves both Greene and Washington, staff at both sites have attended Stigma Reduction; SUD Overview; Screening, Brief Intervention, and Referral to Treatment (SBIRT) Overview; and Brief Intervention Using Motivational Interviewing trainings. Data from October 2021 to February 2022 included 548 total patients screened (195 completed the PHQ-9; 451 completed the 5 P's). Of the 451 who completed the 5 P's, 13 (2.9%) patients were concerned about their personal substance use, based on the five screening questions. PERU is applying for another grant (as the SUPPORT program is ending September 2022) that WHS staff hopes will allow a case worker to be placed in offices.

Process Objective 6: To continue to participate on the appropriate Single County Authority's (SCA's) Opioid Task Force. Washington Health System has participated in both Washington Drug and Alcohol Commission's (WDAC) and Greene County Human Services (GCHS) Drug and Alcohol Programs' Opioid Task Force meetings. Dr. John Six, Vice President of Medical Affairs and Chief Medical Officer, Chairs WDAC's Opioid Fatality Task Force that meets each quarter and attends the Syringe Exchange Committee. Other personnel who participate in WDAC's Task Force include: Teresa Babyak, Washington Physicians Group (WPG) Director of Operations; Chris D'Amico, Nurse Manager, WHS Ob/Gyn Care; Lisa Pareso, Manager, Rural Health Model; and Dr. Monica Speicher, Clinical Assistant Director. WHS Greene Campus designated personnel who participate in GCHS' Task Force include: Terry Wiltrout, President, Washington Health System and VP of Operations, WHS; and Toni Harris, Program Supervisor, Greenbriar Treatment Center-Waynesburg.

The second goal was to reduce the 2017 colorectal cancer death rate in Washington and Greene Counties combined (19 per 100,000 population, age-adjusted) by 7.4% (to 17.6 per 100,000 population, age-adjusted) as of June 30, 2021. Figure 75 shows the 2011 to 2020 age-adjusted trend for the colorectal cancer death rate for Greene and Washington Counties (GWC) combined. Although it appears that the rate declined from 19 per 100,000 population in 2017 to 15.2 per 100,000 in 2018 and again to 13.1 per 100,000 in 2019 and 12.9 per 100,000 in 2020, technically, as the error bars show, there are no statistical differences between the rates and the data for 2021 is not yet available as of the writing of this report. However, the upper error bar measure for both 2019 (17.3) and 2020 (17.4) is below the stated goal of 17.6 per 100,000, which indicates that this goal has been met.

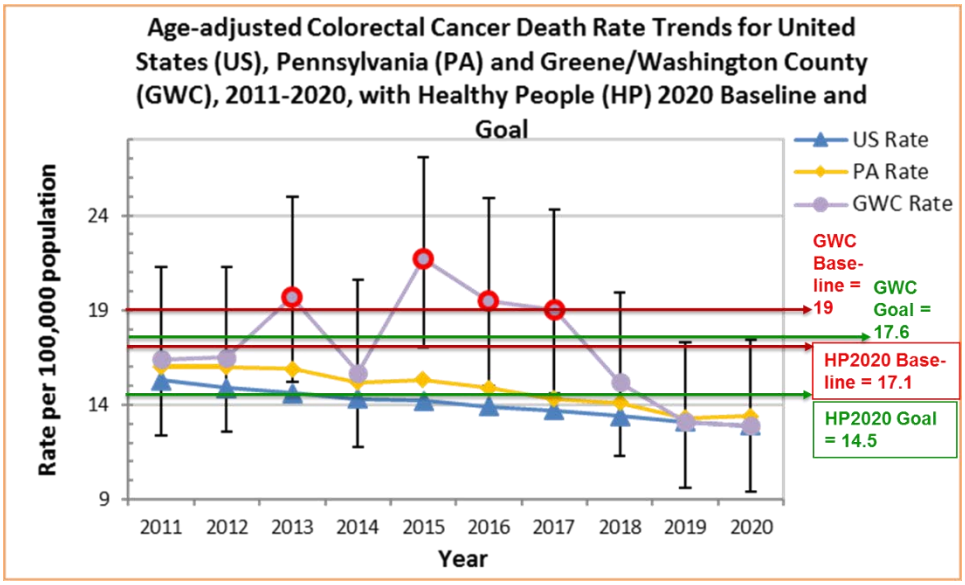


Figure 75: Ten-year trend of Greene and Washington Counties combined age-adjusted colorectal cancer death rate. Overlapping black error bars indicate no statistical differences between data points.

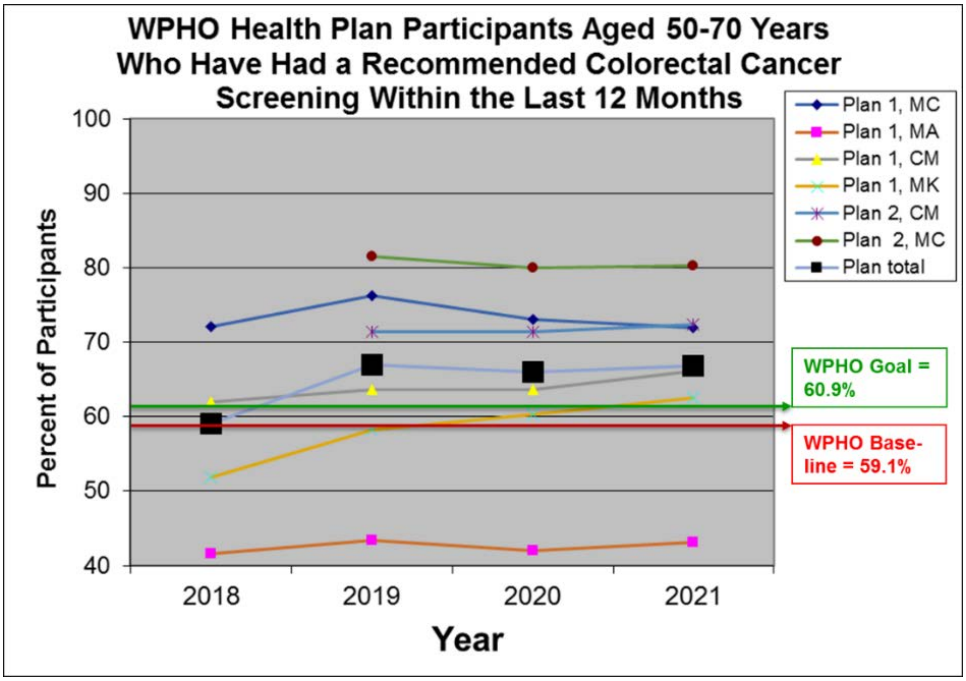


Figure 76: Four-year trend of WPHO health plan participants aged 50 to 70 years who have had a recommended colorectal cancer screening.

There was only one Process Objective for this goal: To implement an evidenced-based intervention designed to increase the

number and percentage of people aged 50-75 years who are screened with a test that fulfills current recommended treatment guidelines in the Washington Physician Group (WPG) population by 3% as of June 30, 2021. Current recommended treatment guidelines include: a (fecal immunochemical test) FIT every year; or a FIT in the past three years and a sigmoidoscopy in the past five years; or a Cologuard© in the past 3 years; or a colonoscopy in the past ten years. Data in Figure 76 were provided from two of the largest health care insurance providers for WHS' Washington Physicians Hospital Organization (WPHO) and is estimated to cover about two thirds of the patient population. The other caveat to the data in Figure 76 is that the age range is 50 to 70 years, rather than 50 to 75 years. With a baseline of 59.1% for all offices in 2018 (large black square), the 3% goal increase (to 60.9%, or an 1.8% increase) was met in all subsequent years (66.9% in 2019; 65.9% in 2020; and 66.9% in 2021). This goal, while achieved, may have been set too low as it did not reach the HP 2020 goal of 70.5%.

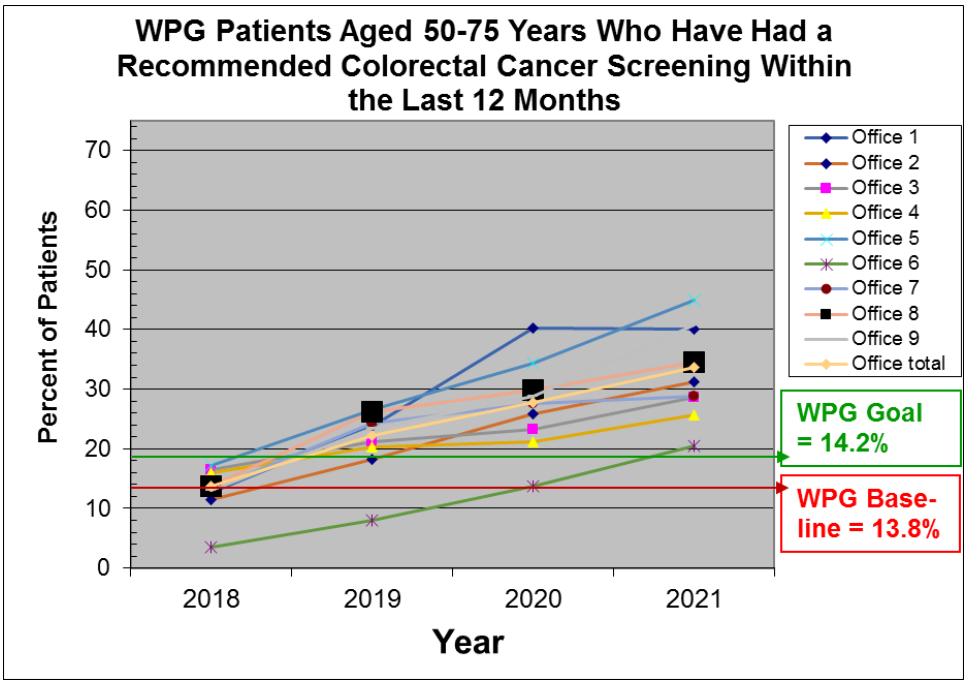


Figure 77: Four-year trend of WPG patients aged 50 to 75 years who have had a recommended colorectal cancer screening.

Data in Figure 77 were provided by extraction from the Electronic Health Record (EHR) for each of the nine WPG offices. The patients included were ages 50 to 75 years and the only recommended screening not included was the FIT in the past three years and a sigmoidoscopy in the past five years due to low numbers and difficulty in extracting the data. In addition, with the offices in the process of entering analog data into digital data that can be extracted from the EHR, the results may be lower than the real measure. With a baseline of 13.8% for all offices in 2018 (large black square), the 3% goal increase (to 14.2% or an 0.4% increase) was met in all subsequent years (22.3% in 2019; 27.8% in 2020; and 33.7% in 2021). This goal, while achieved, may have been set too low as it did not even reach the HP 2020 baseline of 52.1%.

In program evaluation, it can be difficult to attribute effects to a wider population, but it can be said that the work that WHS is doing in their WPG is certainly contributing to the improvements seen for both drug overdose deaths and colorectal cancer related measures.

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Appendix A: Part 1: Internal Identified Health Resources/Assets

Table 17: Penn Highlands Mon Valley (PHMV) Internal Assets as of 4-27-2022

Specific programs/services	Addiction	Breast cancer deaths	Colorectal cancer deaths	COPD deaths	Coronary heart deaths	Depressive disorder	Diabetes-related deaths	Driving alone to work	Food insecurity, meeting activity and strength recommendations, Youth obesity, fruit intake	Injury deaths	Lung cancer deaths	Stroke	Suicide deaths	Unemployment
Cardiac Rehabilitation	X						X							
Cardiac catheterization	X						X							
AEDs for police and volunteer fire department	X						X							
CPR training	X						X							
CT, MRI, ECG, EEG, halter monitoring, echocardiogram, stress tests, Doppler, coronary angioplasty, Stenting, drug eluting stents	X	X	X				X					X		
Nutrition therapy for hypertension and high blood cholesterol							X					X		
Van transportation		X	X				X							
PHMV's Center for Fitness and Health (MON-VALE HealthPLEX)			X				X		X					
Education services	X	X	X				X		X			X	X	X
Blood pressure screening							X					X		
Obesity disease state management program			X				X		X					
Community Care Network (CCN)														
Managing your diabetes 3 day education series	X						X							
Charles L. and Rose Sweeney-Melenyzer Pavilion and Regional Cancer Center		X	X											
Cancer support group (monthly)		X	X											
Inpatient cancer care unit		X	X											
innovative technique to treat high-risk patients with early stage, non-small cell lung cancer.											X			
HealthPLEX Imaging (MON-VALE HealthPLEX)		X												

Table 17: Penn Highlands Mon Valley (PHMV) Internal Assets as of 4-27-2022 (continued)

Specific programs/services	Addiction	Breast cancer deaths	Colorectal cancer deaths	COPD deaths	Coronary heart deaths	Depressive disorder	Diabetes-related deaths	Driving alone to work	Food insecurity, Meeting activity and strength recommendations, Youth obesity, fruit intake	Injury deaths	Lung cancer deaths	Stroke	Suicide deaths	Unemployment
Breast cancer support group (monthly)		X												
Breast cancer luncheon, ed. & screening		X												
Lymphedema Therapy		?	?											
Endoscopy unit			X											
Stroke community education												X		
Speech, occupational, physical and aquatic therapy												X		
Advanced Certification for Primary Stroke Centers												X		
Pulmonary rehabilitation														
Behavioral health unit													X	
screenings for anxiety and depression													X	
Care Transitions program														
Multiphasic Blood Analysis Screening							X							
Center for Wound Management							X							
Cancer tx talk --innovations		X	X											
Diabetes Support Group Holiday Dinner							X							
Understanding Your Meal Plan							X							
Understanding Your Blood Sugar Readings							X							
Understanding Your Diabetes Medications							X							
Diabetes Support Group							X							
Adult CPR														
Infant CPR														
BLS Course														
First Aide Instructional Class														
Nutrition Counseling Bariatric Surgery	X						X							

Table 17: Penn Highlands Mon Valley (PHMV) Internal Assets as of 4-27-2022 (continued)

Specific programs/services	Addiction	Breast cancer deaths	Colorectal cancer deaths	COPD deaths	Coronary heart deaths	Depressive disorder	Diabetes-related deaths	Driving alone to work	Food insecurity, meeting activity and strength recommendations, Youth obesity, fruit intake	Injury deaths	Lung cancer deaths	Stroke	Suicide deaths	Unemployment
Advanced Certification for Inpatient Diabetes Management-Joint Commission							X							
Nutrition Counseling specified by MD	X		X											
Nutritional education topics							X		X					
Bariatric Wellness Program							X							
Bariatric support group							X							
Weight and Wellness Program							X							
Colorectal cancer screenings			X											
Colorectal cancer support group			X											
Breast cancer genetic screenings		X												
Access to centers for excellence for drug and alcohol	X													
MAT (Medication assisted treatment)	X													
Offers walk-in and without prescription mammogram services		X												
Take back drugs day sponsor	X													
Language Line	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Table 18: Washington Health System (WHS)--Internal Assets as of 6-8-2022

Specific programs/services	Alcohol driving deaths	Breast cancer deaths	Colorectal cancer deaths	COPD deaths	Coronary hearth deaths	Depressive disorder	Diabetes-related deaths	Driving alone to work	Drug overdose deaths	Food Insecurity; Meeting activity and strength recommendations; Youth obesity, fruit intake	Heavy drinking	Injury deaths	Lung cancer deaths	Stroke deaths	Suicide deaths	Youth and Adult E-cigarette use; pregnant smoking, tobacco quit attempts	Unemployment
Cardiac Rehabilitation					X					X						X	
cardiac catheterization																	
Wellness program (Apollo)		X	X				X			X	X					X	
TWH Basic Life Support Community; Training Center CPR training, instructor training and advanced training					X												
Nutrition counseling and medical nutrition therapy							X			X							
Wilfred R. Cameron Wellness Center			X				X			X						X	
Ruth York Morgan HELP Center		X	X				X			X	X				X	X	
Life Skills Series and review sessions							X										
Blood Glucose self-monitoring, Insulin therapy/dose refinement, pump therapy, gestational diabetes, continuous glucose monitoring, need assessment							X										
Wound and Skin Healing center and Hyperbaric medicine (wounds)							X										
Diabetes education and management program							X										
Weight loss program			X		X		X			X			X				
Everyday habits and the prevention of cancer		X	X										X				

Table 18: Washington Health System (WHS)--Internal Assets as of 6-8-2022 (continued)

Specific programs/services	Alcohol driving deaths	Breast cancer deaths	Colorectal cancer deaths	COPD deaths	Coronary hearth deaths	Depressive disorder	Diabetes-related deaths	Driving alone to work	Drug overdose deaths	Food Insecurity; Meeting activity and strength recommendations; Youth obesity, fruit intake	Heavy drinking	Injury deaths	Lung cancer deaths	Stroke deaths	Suicide deaths	Youth and Adult E-cigarette use; pregnant smoking, tobacco quit attempts	Unemployment
What's on your plate?		X	X				X			X							
Vegetarian grocery tour		X	X				X			X							
Cholesterol, RMR and A1c screenings							X										
Vegetarian cooking		X	X				X										
Meet the RD		X	X				X										
Yoga		X	X				X			X							
Fitness programs		X	X				X			X							
Eat well for life 1		X	X				X										
Personal nutrition counseling		X	X				X			X							
The center for orthopedic and neurosciences, stroke units, PA														X			
Program to teach proper strength building, flex, condition and endurance for athletes										X							
Community education program										X							
UPMC and TWH Cancer Center		X	X										X				
Radiology/nuclear medicine department					X												
Lymphedema Therapy		X	X														
Women's center educational programs/screening		X															
Speech, occupational, physical and aquatic therapy												X					

Table 18: Washington Health System (WHS)--Internal Assets as of 6-8-2022 (continued)

Specific programs/services	Alcohol driving deaths	Breast cancer deaths	Colorectal cancer deaths	COPD deaths	Coronary hearth deaths	Depressive disorder	Diabetes-related deaths	Driving alone to work	Drug overdose deaths	Food Insecurity; Meeting activity and strength recommendations; Youth obesity, fruit intake	Heavy drinking	Injury deaths	Lung cancer deaths	Stroke deaths	Suicide deaths	Youth and Adult E-cigarette use; pregnant smoking, tobacco quit attempts	Unemployment
Pulmonary rehabilitation				X													
Behavioral health unit						X									X		
Employee Assistance Program															X		
Loss, Grief and Adjustment Support group (6wk)															X		
Stay Quit tobacco cessation classes			X				X								X	X	
Clear the air			X				X								X	X	
Emergency room									X			X			X		
Greenbriar									X		X						
Drug/alcohol testing									X		X						
cancer care support group (monthly)		X	X														
Coping With Diabetes							X										
Free skiing clinic			X				X			X							
Breast patient navigator		X															
Diabetes academy for MAs							X										
School of Nursing		X	X				X			X	X				X	X	
Family Practice Residency Program		X	X				X			X	X				X	X	
Stroke support group																	
CHD Education/skills program					X												
Diabetes Education Center							X										
MAT clinic									X								

Appendix A: Part 2: External Identified Health Resources/Assets

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Health care facilities:

Part of this listing is as defined by PA DOH's registered health facilities which include: hospitals; federally qualified health centers; comprehensive outpatient rehabilitation; ambulatory surgical centers; intermediate care facilities; home health and home care agencies/registries; hospice; pediatric extended care; physical/speech therapists; end-stage renal disease (dialysis); and nursing homes. The PA department of human services keeps a list of assisted living and personal care homes. Other health care facilities were defined loosely as urgent care; medical supply companies; and pharmacies.

Hospitals

Advanced Surgical Hospital, LLC
100 TRICH DRIVE
WASHINGTON, PA 15301, (724)884-0710

AHN HEMPFIELD NEIGHBORHOOD HOSPITAL
6321 ROUTE 30 SUITE 100
GREENSBURG, PA 15601, (878)295-4735

Canonsburg Hospital
100 MEDICAL BOULEVARD
CANONSBURG, PA 15317, (724)745-6100

EXCELA HEALTH FRICK HOSPITAL
508 SOUTH CHURCH STREET
MOUNT PLEASANT, PA 15666, (724)832-4000

EXCELA HEALTH LATROBE HOSPITAL
ONE MELLON WAY
LATROBE, PA 15650, (724)537-1007

EXCELA HEALTH WESTMORELAND HOSPITAL
532 WEST PITTSBURGH STREET
GREENSBURG, PA 15601, (724)832-4000

PENN HIGHLANDS CONNELLSVILLE
401 EAST MURPHY AVENUE
CONNELLSVILLE, PA 15425, (724)628-1500

PENN HIGHLANDS MON VALLEY
1163 COUNTRY CLUB ROAD
MONONGAHELA, PA 15063, (724)258-1000

SELECT SPECIALTY HOSPITAL - LAUREL HIGHLANDS, INC.
ONE MELLON WAY, 3rd FLOOR
LATROBE, PA 15650, (724)539-3870

SOUTHWOOD PSYCHIATRIC HOSPITAL - IDD/ADD
342 LINDEN CREEK ROAD
CANONSBURG, PA 15317, (412)206-2020

TORRANCE STATE HOSPITAL
STATE ROUTE 1014, PO BOX 111
TORRANCE, PA 15779, (724)459-4511

Washington Health System--Greene
350 BONAR AVENUE
WAYNESBURG, PA 15370, (724)627-2602

Washington Health System--Washington
155 WILSON AVENUE
WASHINGTON, PA 15301, (724)223-3007

UNIONTOWN HOSPITAL
500 WEST BERKELEY STREET
UNIONTOWN, PA 15401, (724)430-5000

Federally Qualified Health Centers

BOLIVAR MEDICAL CENTER
802 MCKINLEY STREET
BOLIVAR, PA 15923, (724)676-4700

CENTERVILLE CLINICS - CENTERVILLE
130 CALIFORNIA ROAD
BROWNSVILLE, PA 15417, (724)938-3554

CENTERVILLE CLINICS INC CHARLEROI
200 CHAMBER PLAZA
NORTH CHARLEROI, PA 15022, (724)483-5482

CENTERVILLE CLINICS
37 HIGHLAND AVENUE
WASHINGTON, PA 15301, (724)223-1067

CENTERVILLE CLINICS, INC. OF BENTLEYVILLE
100 WILSON ROAD
BENTLEYVILLE, PA 15314, (412)239-2390

CENTERVILLE CLINICS, INC., CALIFORNIA OFFICE
242 WOOD STREET
CALIFORNIA, PA 15419, (412)938-2225

CENTERVILLE CLINICS, INC. CARMICHAELS CLINIC
601 WEST GEORGE STREET
CARMICHAELS, PA 15320, (412)966-5081

CENTERVILLE CLINICS CONNELLSVILLE SITE
208 SOUTH ARCH STREET
CONNELLSVILLE, PA 15425, (724)632-6801

CENTERVILLE CLINICS, INC. FAIRCHANCE OFF
93 NORTH MORGANTOWN ROAD
FAIRCHANCE, PA 15436, (717)564-0900

CENTERVILLE CLINICS, INC. MEMORIAL CLINIC
1070 OLD NATIONAL PIKE
FREDERICKTOWN, PA 15333, (412)757-6801

CENTERVILLE CLINICS, INC. REPUBLIC OFFICE
BOX 786, MAIN STREET
REPUBLIC, PA 15475, (412)246-9434

CENTERVILLE CLINICS, INC. WAYNESBURG OFFICE
1162 SIXTH STREET
WAYNESBURG, PA 15370, (412)852-2777

CENTERVILLE CLINICS, INC., WAYNESBURG OFFICE
190 BONAR AVENUE
WAYNESBURG, PA 15370, (412)627-8156

COMMUNITY HEALTH CLINIC
943 FOURTH AVENUE
NEW KENSINGTON, PA 15068, (724)335-3334

CORNERSTONE CARE, INC
118 S PITTSBURGH STREET
CONNELLSVILLE, PA 15425, (724)628-3710

CORNERSTONE CARE, INC.
1249 NATIONAL PIKE
HOPWOOD, PA 15445, (724)437-0909

CORNERSTONE CARE - PEDIATRIC ASSOC OF WASHINGTON
400 JEFFERSON AVENUE
Washington, PA 15301, (724)943-3308

CORNERSTONE CARE - UNIONTOWN
140 NORTH BEESON BOULEVARD
UNIONTOWN, PA 15401, (724)439-1628

CORNERSTONE CARE VALLEY WOMEN'S HEALTH
800 PLAZA DRIVE SUITE 180
BELLE VERNON, PA 15012, (724)258-2229

CORNERSTONE CARE, INC.
7 GLASSWORKS ROAD
GREENSBORO, PA 15338, (412)943-3308

CORNERSTONE CARE, INC.
BOX 440 CHURCH STREET EXT.
GREENSBORO, PA 15338, (412)499-5187

CORNERSTONE CARE - VALLEY WOMEN'S HEALTH
1163 COUNTRY CLUB ROAD
MONONGAHELA, PA 15063, (724)258-2229

CORNERSTONE CARE INC.
120 LOCUST AVENUE EXTENSION
MOUNT MORRIS, PA 15349, (724)324-9001

CORNERSTONE CARE, INC.
74 W HIGH STREET
WAYNESBURG, PA 15370, (724)852-2200

CORNERSTONE CARE
501 WEST HIGH STREET
WAYNESBURG, PA 15370, (724)627-0729

CORNERSTONE CARE
236 ELM DRIVE SUITE 101
WAYNESBURG, PA 15370, (724)627-0926

COMM MED CNTR N W WASHINGTON CNTY, INC
RD #3 BOX 150
BURGETTSTOWN, PA 15021, (412)947-2255

DONORA FAMILY MEDICINE
718 MCKEAN AVENUE
DONORA, PA 15033, (724)379-4401

LATROBE HEALTH CENTER
529 LLOYD AVENUE
LATROBE, PA 15650, (724)704-8886

MON VALLEY COMMUNITY HEALTH SERVICES
301 EAST DONNER AVENUE SUITE 101
MONESSEN, PA 15062, (724)684-9000

UNIONTOWN OFFICE
86 MCCELLANDTOWN ROAD
UNIONTOWN, PA 15401, (724)632-6801

Comprehensive Outpatient Rehabilitation Facility

LIFELINE THERAPY
4000 WATERDAM PLAZA DRIVE, SUITE 260
MCMURRAY, PA 15317, (724)941-5340

Ambulatory Surgical Ccenter

20/20 SURGERY CENTER, LLC
516 PELLIS ROAD
GREENSBURG, PA 15601, (724)836-1177

AESTIQUE AMBULATORY SURGICAL CENTER, INC.
ONE AESTHETIC WAY
GREENSBURG, PA 15601, (724)832-7555

ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND
118 NATURE PARK ROAD, SUITE 200
GREENSBURG, PA 15601, (724)689-1080

DELMONT SURGERY CENTER, LLC
463 BRUSH RUN ROAD
GREENSBURG, PA 15601, (724)691-0354

ELITE SURGERY CENTER LLC
205 MARY HIGGINSON LANE LEVEL 2
UNIONTOWN, PA 15401, (724)550-4211

EXCELA HEALTH NORWIN MEDICAL COMMONS
8775 NORWIN AVENUE
NORTH HUNTINGDON, PA 15642, (724)861-6320

LAUREL SURGICAL CENTER
348 DONOHOE ROAD
GREENSBURG, PA 15601, (724)552-0068

SOUTHWESTERN ENDOSCOPY CENTER, LLC
300 SPRING CREEK LANE LOWER LEVEL
UNIONTOWN, PA 15401, (724)439-8906

SOUTHWESTERN PENNSYLVANIA EYE SURGERY CTR
750 EAST BEAU STREET
WASHINGTON, PA 15301, (724)228-7477

SPARTAN HEALTH SURGICENTER
100 STOOPS DRIVE GROUND FLOOR
MONONGAHELA, PA 15063, (724)483-2760

TRI-STATE SURGERY CENTER, LLC
80 LANDINGS DRIVE SUITE 101
WASHINGTON, PA 15301, (724)225-8800

Home Health and Home Care Agencies/Registries

Abby Health Care
287 Edison St
Uniontown, PA 15401, 724-439-2229

ABBY HEALTH SERVICES, INC.
289 EDISON STREET
UNIONTOWN, PA 15401, (724)439-0667

ACCESSABILITIES, INC.
1060 CORPORATE LANE
Murry Corporate Park
EXPORT, PA 15632, (724)832-8272

Advantage Home Health Services
5035 Clairton Blvd
Pittsburgh, PA 15236, 412-440-0142

AGAPE'S LOVE HOME CARE, LLC
60 CONNELLSVILLE STREET, SUITE C
UNIONTOWN, PA 15401, (724)434-8850

AGGIE HOME CARE, INC.
25 MAIN STREET SUITE 7
SMITHFIELD, PA 15478, (724)569-1889

AILACE HOME CARE LLC
575 FAYETTE STREET
WASHINGTON, PA 15301, (724)531-5567

AKVALLEY CARE CO
638 4TH AVENUE
NEW KENSINGTON, PA 15068, (878)847-5301

ALWAYS THERE PERSONAL COMPASSIONATE CARE, LLC
350 4TH AVENUE
NEW KENSINGTON, PA 15068, (412)377-5281

AMADA SENIOR CARE OF GREATER PITTSBURGH
1781 ARONA ROAD SUITE 3B
NORTH HUNTINGDON, PA 15642, (412)874-2818

AMEDISYS HOME HEALTH OF PA
1368 MALL RUN ROAD, SUITE 628
UNIONTOWN, PA 15401, (724)438-6660

ANGELS ON CALL
- 2400 ANSYS DRIVE
  CANONSBURG, PA 15317, (724)597-2000
- 1331 CONNELLSVILLE ROAD, SUITE 200
  LEMONT FURNACE, PA 15456,
  (724)430-2444

ANOVA HEALTH CARE SERVICES, INC.
- 17 MCKEAN AVENUE
  CHARLEROI, PA 15022, (724)483-3333
- 280-C MCCLELLANDTOWN ROAD
  UNIONTOWN, PA 15401, (724)434-1001

APLUS UNITED HOME CARE, LLC
866 4TH AVENUE
NEW KENSINGTON, PA 15068, (888)352-6472

ARCADIA HOME CARE & STAFFING
4889 WILLIAM PENN HIGHWAY
MURRYSVILLE, PA 15668, (724)519-8850

ASSISTING ANGELS HOME CARE, LLC
121 SEAMANS ROAD
LEMONT FURNACE, PA 15456, (724)438-1576

BETHLEN COMMUNITIES HOME HEALTH SERVICES and COMPANION CARE PROGRAM
135 KALASSAY DRIVE
LIGONIER, PA 15658, (724)238-2613

BETTER IS BETTER, LLC
301 E. DONNER AVENUE, SUITE 9
MONESSEN, PA 15062, (724)317-1002

BETTER IN HOME CARE, LLC
1368 MALL RUN ROAD, REAR
UNIONTOWN, PA 15401, (724)570-2797

BETTER LIVING HOME CARE, LLC
151 ZEBLEY ROAD
UNIONTOWN, PA 15401, (724)366-4267

BRIGHTSTAR CARE OF PA - WASHINGTON AND GREENE COUNTIES
3244 WASHINGTON ROAD SUITE 220
MC MURRAY, PA 15317, (724)787-6764

ALLEGHENY HEALTH NETWORK HEALTHCARE AT HOME HOME HEALTH
1500 WEST CHESTNUT STREET, SUITE 744,
WASHINGTON, PA 15301, (724)222-9906

CARING MISSION HOME CARE, LP
- 1500 WEST CHESTNUT STREET, SUITE 744,
  Washington Crown Center
  WASHINGTON, PA 15301, (724)222-9905
- 650 MORGANTOWN ROAD, SUITE B
  UNIONTOWN, PA 15401, (724)439-7656

CARE AT HOME, INC.
1737 FREEPORT ROAD
ARNOLD, PA 15068, (724)339-1117

CARE PLUS HOME HEALTH SERVICES, INC.
192 W CHESTNUT STREET
WASHINGTON, PA 15301, (724)225-2444

CAREGIVERS ON DEMAND, LLC.
125 TECHNOLOGY DRIVE, SUITE 103
CANONSBURG, PA 15317, (412)708-1096

CARING FROM THE HEART LLC
2586 APPLE DRIVE
APOLLO, PA 15613, (724)339-2078

CARTER HEALTHCARE
7829 NATIONAL PIKE SUITE 2
UNIONTOWN, PA 15401, (724)863-5503

CLEAN-N-SHINE LLC
932 ST CLAIR WAY, SUITE 6
GREENSBURG, PA 15601, (724)691-0413

COMMUNITY CARE INC.
- 1150 WASHINGTON ROAD SUITE 205
  WASHINGTON, PA 15301, (724)830-9918
- 201 EAST PENNSYLVANIA AVENUE
  NEW STANTON, PA 15672, (724)830-9918

COMMUNITY RESOURCES FOR
INDEPENDENCE, INC.
6530 ROUTE 22, #300
SALEM TOWNSHIP, PA 15626, (814)838-7222

COMPASSIONATE HEARTS HOME CARE
201 E FAIRVIEW AVENUE, SUITE 101A
CONNELLSVILLE, PA 15425, (724)603-3858

COMPATI HOME HEALTHCARE, LLC
501 VALLEYBROOK ROAD, SUITE 209
MCMURRAY, PA 15317, (888)311-2067

CONCERNED CARE, INC.
10 LIBERTY LANE
MC DONALD, PA 15057, (724)941-7111

DEDICATED NURSING ASSOCIATES, INC.
6536 ROUTE 22 WILLIAM PENN HIGHWAY
DELMONT, PA 15626, (877)857-7040

DON SERVICES, INC.
- 5142 US RT 30, UNIT #155
  GREENSBURG, PA 15601, (724)652-5144
- 568 GALIFFA DRIVE
  DONORA, PA 15033, (724)856-4137

Excela Health Home Care and Hospice
501 WEST OTTERMAN STREET
GREENSBURG, PA 15601, (724)689-1800

FAITHFUL HOME HEALTH CARE LLC
1020 CRAMER LANE
POINT MARION, PA 15474, (724)557-5670

FAMILY TIES HOMES CARE, INC.
201 CARMICHAELS PLAZA
CARMICHAELS, PA 15320, (724)319-2419

FIRSTLIGHT HOMECARE SOUTHWEST PITTSBURGH
3244 WASHINGTON ROAD, SUITE 239
MCMURRAY, PA 15317, (724)941-4002

FOREVER DADDYS GIRLS LOVING HANDS
HOME HEALTHCARE AGENCY LLC
2603 LEECHBURG ROAD BUILDING #2
LOWER BURRELL, PA 15068, (412)857-3524

FREEDOM AT HOME LLC
112 BUTTERNUT COURT
EIGHTY FOUR, PA 15330, (412)835-4663

FROM THE HEART COMPANION SERVICES
- 12801 ROUTE 30, LINCOLN HIGHWAY, SUITE #5
  NORTH HUNTINGDON, PA 15642, (724)590-5139
- 202 SOUTH PENNSYLVANIA AVENUE
  GREENSBURG, PA 15601, (724)590-5139

Gallagher Home Health Services
1370 WASHINGTON PIKE, SUITE 401
BRIDGEVILLE, PA 15017, 412-279-7800

GENTLE ANGELS CAREGIVING SERVICES, LLC
104 FILBERT STREET
UNIONTOWN, PA 15401, (941)504-6021

GOOD FAITH HOME CARE SERVICES LLC
1326 WEBER CT
IRWIN, PA 15642, (412)889-6678

GRANNY NANNIES
200 WEST MAIN STREET
MONONGAHELA, PA 15063, (724)258-7207

GUARDIAN ANGELS HOME CARE
385 SMITHFIELD HIGHHOUSE ROAD
SMITHFIELD, PA 15478, (724)569-1068

HAPPY AT HOME - IN HOME CARE INC.
3516 MARION AVENUE, SUITE 1
FINLEYVILLE, PA 15332, (724)782-0877

HARMONY HOME CARE
- 8960 HILL DRIVE, NORTH HUNTINGDON,
  PA 15642, (724)871-7373
- 203 EAST MAIN STREET
  LIGONIER, PA 15658, (724)590-5036

HEAVEN'S GIFT HOME CARE
327 MAIN STREET
CLAYSVILLE, PA 15323, (724)841-2195

HERITAGE HEALTH CARE
1118 WOODWARD DRIVE
GREENSBURG, PA 15601, (814)471-2877

Heritage Complete Home Care
1003 Franklin Ave
Toronto, OH 43964, 740-537-1175

HOME INSTEAD SENIOR CARE
- 5549 OLD WILLIAM PENN HIGHWAY, STE 300
  EXPORT, PA 15632, (724)374-5370
- 470 JOHNSON ROAD, SUITE 20
  WASHINGTON, PA 15301, (724)222-7700
- 659 PITTSBURGH ROAD
  UNIONTOWN, PA 15401, (724)438-3262

HOME WITH HELP LLC
150 IDA AVENUE
DONORA, PA 15033, (412)656-0606

HOMEWELL SENIOR CARE - WESTMORELAND CO.
4 S 4TH STREET
YOUNGWOOD, PA 15697, (724)635-0767

HOPE HEALTH HOUSE, LLC
137 ALTMAN ROAD
JEANNETTE, PA 15644, (412)605-3495

INNER CIRCLE HOME CARE, LLC
75 EAST MAIDEN STREET, SUIRE 200
WASHINGTON, PA 15301, (814)759-4362

Interim Health Care
- 1111 Van Voorhis Rd, 2nd fl ste 2
  Morgantown, WV 26505, 304-598-8900
- 1789 S. Braddock Ave, Ste. 220
  Pittsburgh, PA 15218, 412-436-2200
- 1325 Connellsville Rd, Ste 24
  Lemont Furnace, PA 15456, 724-430-1460

KING OF ALL CARE, LLC
227 TIMERLAKE DRIVE
VENETIA, PA 15367, (614)301-9715

Landmark Home Health Care
209 13th St
Pittsburgh, PA 15215, (412)781-0700

LEAN ON ME HOME CARE, LLC
142 OLIPHANT ROAD
UNIONTOWN, PA 15401, (724)564-1200

LIKEN HOME CARE
154 MORGANZA ROAD
CANONSBURG, PA 15317, (412)816-0115

LILY'S LOVING CARE LLC
338 DERRICK AVENUE
UNIONTOWN, PA 15401, (724)970-8238

LINDSAY'S LOVING HOMECARE AGENCY LLC
30 EAST MAIN STREET SUITE 200D
UNIONTOWN, PA 15401, (724)557-4187

MAJESTIC HEALTHCARE, LLC
45 EAST MAIN STREET, SUITE SIX
UNIONTOWN, PA 15401, (724)557-4849

Maxim HealthCare Services
317 EAST CARSON STREET, SUITE 426
PITTSBURGH, PA 15219, 412-687-2838

MEDSTAFFERS
514 PELLIS ROAD SUITE 200
GREENSBURG, PA 15601, (724)953-0304

MERAKEY PENNSYLVANIA
- 531 SOUTH MAIN STREET
  GREENSBURG, PA 15601, (215)836-3103
- 6 OLIVER ROAD SUITE 121
  UNIONTOWN, PA 15401, (724)434-5440

MILLERS HOME HEALTH CARE
354 RONCO ROAD
MASONTOWN, PA 15461, (724)952-1021

NEWSON'S HOME CARE LLC
1151 MALL RUN ROAD
UNIONTOWN, PA 15401, (724)425-6017

NEXT EVOLUTION HEALTHCARE, INC.
253 S MT VERNON AVENUE SUITE 300
UNIONTOWN, PA 15401, (724)570-2165

OMNI HOME CARE
6000 TOWN CENTER BLVD SUITE 325
CANONSBURG, PA 15317, (412)276-5030

OSPTA @ HOME
4325 SR 51 N
BELLE VERNON, PA 15012, (724)483-4859

PARADISE HOME CARE AGENCY, LLC
10 S. CHURCH STREET
MOUNT PLEASANT, PA 15666, (724)542-4205

PARAMOUNT HOME HEALTH SERVICES
3025 WASHINGTON ROAD SUITE 301
MCMURRAY, PA 15317, (412)650-3107

PENTO HOMECARE AGENCY
54A LEBANON AVENUE
UNIONTOWN, PA 15401, (724)322-1683

QUEEN'S CONCIERGE CARE, LLC
4000 TOWN CENTER BOULEVARD, SUITE 138
CANONSBURG, PA 15317, (817)676-2100

REDSTONE @ HOME
6 GARDEN CENTER DRIVE
GREENSBURG, PA 15601, (724)221-6040

RELIABLE HOME CARE, LLC
347 RONCO ROAD
RONCO, PA 15476, (724)550-6621

RIGHT AT HOME OF THE SOUTH HILLS &
WASHINGTON COUNTY
3637 WASHINGTON ROAD SUITE 4
MCMURRAY, PA 15317, (724)350-8800

SIMMONS AGENCY
330 CHURCH ROAD
WEST LEISENRING, PA 15489, (724)562-9076
Superior Home Health and Staffing
500 NORTH LEWIS RUN ROAD SUITE 214
WEST MIFFLIN, PA 15122, 412-754-2600

SENIOR HELPERS
4000 HEMPFIELD PLAZA BOULEVARD, SUITE 918
GREENSBURG, PA 15601, (724)834-5720

SENIORS HELPING SENIORS OF
SOUTHWESTERN PA
1473 YORKTOWN DRIVE
LAWRENCE, PA 15055, (412)298-1386

SHEPHERD'S PROMISE HOMECARE, LLC
1405 DELLVIEW DRIVE
GREENSBURG, PA 15601, (443)244-7084

SOLIDARITY HOME HEALTHCARE SERVICES, LLC
5 WEST HEMPFIELD PLAZA
IRWIN, PA 15642, (412)226-0020

SPHS AGING SERVICES
250 CHAMBER PLAZA
CHARLEROI, PA 15022, (724)489-1100

ST. ANNE HOME
685 ANGELA DRIVE
GREENSBURG, PA 15601, (724)837-6070

STAY AT HOME OF WESTMORELAND
1008 FAULKNER WAY
GREENSBURG, PA 15601, (724)420-5648

SUNNY DAYS IN HOME CARE
88 CENTER CHURCH ROAD
MCMURRAY, PA 15317, (724)260-5186

TCM HOME CARE SERVICES CORP
38 ELGIN DRIVE
GREENSBURG, PA 15601, (724)708-8363

Tri-Care Home Care
1505 BROWNSTONE COURT
TARENTUM, PA 15084, 412-942-0888

TOUCHING HEARTS AT HOME-SOUTH HILLS
501 VALLEYBROOK ROAD # 106
MC MURRAY, PA 15317, (724)941-8860

Trinity Home Health
One Ross Park, Ste G07
Steubenville, OH 43952, 740-283-7501

TWIN OAKS HOME CARE, INC.
1193 NATIONAL PIKE EAST
HOPWOOD, PA 15445, (724)438-1936

UPMC HOME HEALTHCARE
- 110 YOUNGSTOWN ROAD
  LEMONT FURNACE, PA 15456, (724)439-1610
- 300 Northpointe Circle, ste 201
  Seven Fields, PA 16066, (724)778-4663

VFI COMMUNITY SERVICES
42 WEST MAIDEN STREET
WASHINGTON, PA 15301, (724)223-5115

VISITING ANGELS
- 332 WEST PIKE STREET
  CANONSBURG, PA 15317, (724)745-6857
- 820 SOUTH MAIN STREET
  GREENSBURG, PA 15601, (724)216-0488

Weirton Medical Center Home Health
601 Colliers way
Weirton, WV 26062, 304-797-6495

WESTARM HOMECARE
2757 LEECHBURG ROAD
LOWER BURRELL, PA 15068, (724)337-0420

WESTMORELAND COUNTY BLIND ASSOCIATION
911 SOUTH MAIN STREET
GREENSBURG, PA 15601, (724)837-1250

WORMACK, INC.
201 E. FAIRVIEW AVENUE
CONNELLSVILLE, PA 15425, (724)570-3556

WVUHS HOME CARE, LLC
205 EASY STREET SUITE 202
UNIONTOWN, PA 15401, (724)912-7516

Hospice

ADVANTAGE HOME HEALTH AND HOSPICE
121 NORTH MAIN STREET SUITE 310
GREENSBURG, PA 15601, (724)515-5251

AMEDISYS HOSPICE OF PA
1368 MALL RUN ROAD, SUITE 624
UNIONTOWN, PA 15401, (724)439-4440

ANOVA HOSPICE PALLIATIVE CARE SERVICES INC.
2 PARKWAY CENTER, SUITE 110
PITTSBURGH, PA 15220, (412)885-8500

BETHLEN COMMUNITIES HOSPICE
135 KALASSAY DRIVE
LIGONIER, PA 15658, (724)238-2613

BRIDGES HOSPICE, INC.
4130 MONROEVILLE BLVD
MONROEVILLE, PA 15146, (412)380-0711

CARE COMFORT HOSPICE, LLC
3700 OLD WILLIAM PENN HIGHWAY
MURRYSVILLE, PA 15668, (412)313-5133

CONCORDIA HOSPICE OF WASHINGTON
10 LEET STREET
WASHINGTON, PA 15301, (724)250-4500

Excela Health Home Care and Hospice
501 West Otterman St
Greensburg, PA 15601, 724-689-1800

FAMILY HOSPICE
110 YOUNGSTOWN ROAD
LEMONT FURNACE, PA 15456, (724)439-1610

GALLAGHER HOSPICE, LLC
1370 WASHINGTON AVENUE, 401B
BRIDGEVILLE, PA 15017, (412)279-4255

HERITAGE HOSPICE, LLC
2400 LEECHBURG ROAD, SUITE 300
NEW KENSINGTON, PA 15068, (724)334-6600

MONARCH HOSPICE
2837 LEECHBURG ROAD
LOWER BURRELL, PA 15068, (724)335-1600

OSPTA HOME CARE AND HOSPICE
4325 SR 51N
BELLE VERNON, PA 15012, (724)565-5802

PARAMOUNT HOSPICE AND PALLIATIVE CARE
3025 WASHINGTON ROAD SUITE 201
MC MURRAY, PA 15317, (724)969-1021

REDSTONE @ HOME
6 GARDEN CENTER DRIVE
GREENSBURG, PA 15601, (724)221-6040

Three Rivers Hospice
300 OXFORD DRIVE SUITE 200
MONROEVILLE, PA 15146, (412)349-0760

VIAQUEST HOSPICE, LLC
610 PARK AVENUE
MONONGAHELA, PA 15063, (724)258-2580

WVUHS HOME CARE, LLC
205 EASY STREET SUITE 202
UNIONTOWN, PA 15401, (724)912-7516

Intermediate Care Facility

WASHINGTON GREENE PARK
1305 PARK AVENUE
WASHINGTON, PA 15301, (724)223-8987

VALLEY COMMUNITY SERVICES BELLE VERNON

- 104 CARING LANE
  BELLE VERNON, PA 15012, (724)929-8137
- 366 EAST MAIN STREET
  MOUNT PLEASANT, PA 15666, (724)547-0408
- 127 WALTZ MILL ROAD
  RUFFS DALE, PA 15679, (724)872-7461

Pediatric Extended Care

YOUR CHILDS PLACE
289 NORTH AVENUE
WASHINGTON, PA 15301, (724)223-7801

Physical/Speech Therapy

BETHLEN COMMUNITIES
135 KALASSAY DRIVE
LIGONIER, PA 15658, (724)238-2235

BRADLEY PHYSICAL THERAPY CLINIC, INC.
382 WEST CHESTNUT STREET
WASHINGTON, PA 15301, (724)228-2911

EAST SUBURBAN SPORTS MEDICINE CENTER, LTD.
4115 WILLIAM PENN HIGHWAY
MURRYSVILLE, PA 15668, (724)327-7099

KEYSTONE REHABILITATION SYSTEMS - MCMURRAY
155 WATERDAM ROAD/SUITE 100
MCMURRAY, PA 15317, (724)941-2429

NOVACARE REHABILITATION

- 2614 MEMORIAL BOULEVARD.
  CONNELLSVILLE, PA 15425, (724)626-1071
- 352 RAILROAD STREET
  LIGONIER, PA 15658, (724)238-6660
- 2175 MCCLELLANDTOWN ROAD SUITE A & B.
  MASONTOWN, PA 15461, (724)491-5220
- 50 EAST WYLIE AVENUE
  WASHINGTON, PA 15301, (724)229-7901

THE PHYSICAL THERAPY INSTITUTE INC.
480 JOHNSON ROAD SUITE 303
WASHINGTON, PA 15301, (724)223-2061

THE REHAB CENTER OF SEWARD
238 INDIANA STREET
SEWARD, PA 15954, (814)446-5126

VALLEY OUTPATIENT REHABILITATION
1027 COUNTRY CLUB ROAD
MONONGAHELA, PA 15063, (724)258-6211

WESTARM THERAPY SERVICES
3160 KIPP AVENUE
LOWER BURRELL, PA 15068, (724)337-6522

Rural Health Clinics

WASHINGTON PHYSICIAN GROUP
343 EAST ROY FURMAN HIGHWAY SUITE 105
WAYNESBURG, PA 15370, (724)627-8080

Dialysis/End Stage Renal Disease

BELLE VERNON DIALYSIS
350 TRI COUNTY LANE
ROSTRAVER TOWNSHIP, PA 15012, (724)797-9163

BMA

- 208 CROSSROADS PLAZA, BOX 1040
  MOUNT PLEASANT, PA 15666, (724)547-1939
- 360 WALMART DRIVE
  UNIONTOWN, PA 15401, (724)438-7504

DIALYSIS CLINIC, INC.

- 280 NORTH AVENUE
  WASHINGTON, PA 15301, (724)229-8834

DIALYSIS CLINIC, INC. (continued)

- 131 HILLPOINTE DRIVE
  CANONSBURG, PA 15317, (724)873-1242
- 6710 STATE ROUTE 30
  JEANNETTE, PA 15644, (724)523-6386
- 722 FOURTH AVENUE
  NEW KENSINGTON, PA 15068, (724)339-1772
- 20 EAST MAIN STREET
  MOUNT PLEASANT, PA 15666, (724)547-6511

FAYETTE COUNTY DIALYSIS
201 MARY HIGGINSON LANE SUITE A
UNIONTOWN, PA 15401, (724)437-9480

FRESENIUS MEDICAL CARE

- 11 INDUSTRIAL PARK ROAD
  CARMICHAELS, PA 15320, (724)966-9292
- 1003 N GREENGATE ROAD
  GREENSBURG, PA 15601, (724)832-8061
- 20 WESCO LANE
  EXPORT, PA 15632, (724)325-5445
- 318 UNITY PLAZA
  LATROBE, PA 15650, (724)537-2041

FMC DIALYSIS SERVICES

- 470 GALIFFA DRIVE
  DONORA, PA 15033, (724)379-7650
- 17 ARENTZEN BLVD, SUITE 105
  CHARLEROI, PA 15022, (724)489-0850
- 685B NATIONAL PIKE
  BROWNSVILLE, PA 15417, (724)632-5800

LIBERTY DIALYSIS

- 1200 CORPORATE DRIVE
  CANONSBURG, PA 15317, (724)745-5565
- 90 WEST CHESTNUT STREET
  WASHINGTON, PA 15301, (724)228-7398

NEW KENSINGTON DIALYSIS
1 KENSINGTON SQUARE
NEW KENSINGTON, PA 15068, (724)339-6913

PENN TRAFFORD DIALYSIS
4044 ROUTE 130
IRWIN, PA 15642, (724)744-0713

OAK SPRINGS DIALYSIS
764 LOCUST AVENUE
WASHINGTON, PA 15301, (724)229-7377

PARIS DIALYSIS
32 STEUBENVILLE PIKE
PARIS, PA 15021, (724)729-3350

WAYNESBURG DIALYSIS
248 ELM DRIVE
WAYNESBURG, PA 15370, (724)627-3997

Nursing Homes

Andover Village Skilled Nursing and Rehabilitation
486 S Main St,
Andover, OH 44003, 440-293-5416

BELAIR HEALTHCARE AND REHABILITATION CENTER
100 LITTLE ROAD
LOWER BURRELL PA 15068, (724)339-1071

BETHLEN HOME OF THE HUNGARIAN REFORMED FEDERATION OF AMERICA
66 CAREY SCHOOL ROAD
LIGONIER PA 15658, (724)238-6711

BELLA HEALTHCARE CENTER
410 Terrace Dr
Uniontown, PA 15401, 724-438-6000
CONCORDIA AT THE CEDARS
4326 Northern Pike, Ste 201
Monroeville, PA 15146, (412)373-3900

Brightwood Ctr
840 Lee Rd
Follansbee, WV 26037, 304-527-1100

Friendship Village of South Hills
1290 Boyce Rd
Pittsburgh, PA 15241, 724-941-3100

GREENERY Center for Rehab and Nursing
2200 HILL CHURCH HOUSTON ROAD
CANONSBURG PA 15317, (724)745-8000

GREENSBURG CARE CENTER
119 INDUSTRIAL PARK ROAD
GREENSBURG PA 15601, (724)836-2480

GROVE AT LATROBE, THE
576 FRED ROGERS DRIVE
LATROBE PA 15650, (724)537-4441

GROVE AT NORTH HUNTINGDON, THE
249 MAUS DRIVE
NORTH HUNTINGDON PA 15642, (724)863-4374

GROVE AT WASHINGTON, THE
1198 W WYLIE AVE
WASHINGTON PA 15301, (724)222-2148

HARMON HOUSE CARE CENTER
601 SOUTH CHURCH STREET
MOUNT PLEASANT PA 15666, (724)547-1890

HAVENCREST NURSING CENTER
1277 COUNTRY CLUB ROAD
MONONGAHELA PA 15063, (724)258-3000

HEMPFIELD MANOR
1118 WOODWARD DRIVE
GREENSBURG PA 15601, (724)836-4424

Lafayette Manor
147 Lafayette Manor Rd
Uniontown, PA 15401, 724-430-4848

Laural Ridge Ctr
75 Hickle St
Uniontown, PA 15401, 724-437-9871

LOYALHANNA CARE CENTER
535 MCFARLAND ROAD
LATROBE PA 15650, (724)537-5500

MCMURRAY HILLS MANOR
249 WEST MCMURRAY ROAD
MCMURRAY PA 15317, (724)941-7150

GUARDIAN HEALTHCARE Meadowcrest
1200 Braun Rd
Bethel Park, PA 15120, 412-854-5500

MON VALLEY CARE CENTER
200 STOOPS DRIVE
MONONGAHELA PA 15063, (724)310-1111

Mount Macrina Manor
520 W Main St
Uniontown, PA 15401, (724)437-1400

MURRYSVILLE REHABILITATION AND
WELLNESS CENTER
3300 LOGANS FERRY ROAD
MURRYSVILLE PA 15668, (724)325-1500

NORTH STRABANE Rehabilitation and Wellness Center
100 TANDEM VILLAGE ROAD
CANONSBURG PA 15317, (724)743-9000

OAK HILL HEALTHCARE AND REHABILITATION CENTER
827 GEORGES STATION ROAD
GREENSBURG PA 15601, (724)837-7100

PREMIER WASHINGTON REHABILITATION
AND NURSING CENTER
36 OLD HICKORY RIDGE ROAD
WASHINGTON PA 15301, (724)228-5010

PROMEDICA SKILLED NURSING AND
REHABILITATION

- 113 WEST MCMURRAY ROAD
  MCMURRAY PA 15317, (724)941-3080
- 60 Highland Rd, Bethel Park, PA 15102,
  412-831-6050
- 885 Macbeth Dr,Monroeville, PA 15146,
  412-856-7071

QUALITY LIFE SERVICES

- 151 GOODVIEW DRIVE
  APOLLO PA 15613, (724)727-3451
- 5253 National Pike, Markleysburg, PA
  15459, 724-329-5545
- 252 Main St, Markleysburg, PA 15459,
  724-329-4830

REDSTONE HIGHLANDS HEALTH CARE CTR
6 GARDEN CENTER DRIVE
GREENSBURG PA 15601, (724)832-8400

REHABILITATION & NURSING CENTER AT GREATER PITTSBURGH, THE
890 WEATHERWOOD LANE
GREENSBURG PA 15601, (724)837-8076

ROLLING MEADOWS
107 CURRY ROAD
WAYNESBURG PA 15370, (724)627-3153

SCOTTDALE HEALTHCARE AND REHABILITATION CENTER
900 PORTER AVENUE
SCOTTDALE PA 15683, (724)887-0100

SOUTH HILLS REHABILITATION AND WELLNESS CENTER
201 VILLAGE DRIVE
CANONSBURG PA 15317, (724)746-1300

SOUTHMONT OF PRESBYTERIAN SENIORCARE
835 SOUTH MAIN STREET
WASHINGTON PA 15301, (724)222-4300

ST. ANNE HOME
685 ANGELA DRIVE
GREENSBURG PA 15601, (724)837-6070

TOWNVIEW HEALTH AND REHABILITATION CTR
300 BARR STREET
CANONSBURG PA 15317, (724)746-5040

TRANSITIONS HEALTHCARE

- 8850 BARNES LAKE ROAD, NORTH HUNTINGDON PA 15642, (724)864-7190
- 90 HUMBERT LANE, WASHINGTON, PA 15301, (724)228-4740

TWIN LAKES REHABILITATION AND HEALTHCARE CENTER
227 SAND HILL ROAD
GREENSBURG PA 15601, (724)237-4629

UNIONTOWN HEALTHCARE AND REHABILITATION CENTER
129 Franklin Ave
Uniontown, PA 15401, 724-439-5700

WAYNESBURG HEALTHCARE AND REHABILITATION CENTER
300 CENTER AVENUE
WAYNESBURG PA 15370, (724)852-2020

WESTMORELAND MANOR
2480 SOUTH GRANDE BOULEVARD
GREENSBURG PA 15601, (724)830-4010

WILLIAM PENN CARE CENTER
2020 ADER ROAD
JEANNETTE PA 15644, (724)327-3500

Adult Day Centers

ACHIEVA Support - CPS2380
316 Donohoe Rd.
Greensburg, PA 15601, 724-837-8159
http://www.achieva.info/custom

ARC, Fayette County
80 Old New Salem Rd.
Uniontown, PA 15401, 724-438-9042
http://www.arcfayette.org/

Center in the Woods Adult Day Center
130 Woodland Court
Brownsville, PA 15417, (724) 938-3554
http://www.centerinthewoods.org/

Community LIFE

- 125 Logans Ferry Rd., Ste. 2, Lower Burrell, PA 15068, 724-994-4740, http://www.commlife.org
- 2115 Trebella Circle, Rostraver, PA 15012, 1-866-419-1693 TTY:711

Community Living Care, Inc. - SADLC
115 Vannear Ave., 1st Floor
Greensburg, PA 15601, 724-836-5779
http://www.communitylivingcare.com

Elizabeth Seton Adult Day Care
129 Depaul Center Rd.
Greensburg, PA 15601, 724-832-2810
http://www.setoncenter.com

Maplewood Adult Day Center
110 Daniel Dr., Ste. 15
Uniontown, PA 15401, 724-550-4060
http://www.centerinthewoods.org

Mt. Pleasant Senior Center
370 E. Main St.
Mount Pleasant, PA 15666, 724-613-5260
http://www.passavant.org/pmhfos/services/

Pathways of Southwestern Pennsylvania, OADLC
655 Jefferson Avenue
Washington, PA 15301, (724) 225-8145
http://www.pathwaysswpa.org/

Paula Teacher & Associates, Inc.
4000 Hemfield Plaza Blvd., Ste. 968
Greensburg, PA 15601, 724-836-2380

Premier Washington County Adult Day Center
36 Old Hickory Ridge Road
Washington, PA 15301, (724) 223-7184
http://PremierWashington.com

Quality Family Care
701 Highland Avenue
Canonsburg, PA 15317, (724) 746-5948

Senior LIFE
- 123 Triangle Drive, Greensburg, PA 15601, 724-838-8300 TTY: 711
- 100 Evergreene Drive, Waynesburg, PA 15370, 724-852-2273 TTY: 711
- 2114 North Franklin Drive, Washington, PA 15301, 724-222-5433 TTY: 711
- 89 West Fayette Street, Uniontown, PA 15401, 724-434-5433 TTY: 711

Washington-Greene Alternative Residential Services, Inc. Adult Training Facility
(Primarily Serves the MR Population)
357 E. Maiden Street
Washington, PA 15301, (724) 228-3193

YMCA of Greensburg Adult Training Facility
308 N. Pennsylvania Ave.
Greensburg, PA 15601, 724-836-8040
http://www.greensburgymca.org

Nursing Home Transition Team

A collaborative effort that uses federal, state and local resources/partnerships to move people from nursing homes to the community.

Fayette, Washington and Greene counties
Southwestern PA AAA, (60+)
http://www.swpa-aaa.org/
Angela Minardi, (724)489-8082 ext. 4209,
aminardi@swpa-aaa.org
Mary Harri, (724)489-8082 ext. 4405,
mharris@swpa-aaa.org

TRIPIL http://www.trpil.com/
Kristina Christy, (724)223-5115 ext. 133,
kchristy@tripil.com
Jen Nestor, (724)223-5115 ext. 1402,
jennifer@tripil.com

Westmoreland county:
All Abilities, Inc. (<60)
http://allabilitiesinc.org/
Ashley Faylor, 724-420-5291 ext 6102,
afaylor@allabilitiesinc.org

Westmoreland Co AAA (60+)
http://www.co.westmoreland.pa.us/397/Area-Agency-on-Aging
724.830.4444, aaa@co.westmoreland.pa.us

Personal Care Homes

ADVANCED PERSONAL CARE HOME
245 CENTER STREET PO BOX 5
CLARKSVILLE , PA - 15322, 7243770662

AMBER HOUSE AT HARMON HOUSE CARE CENTER
601 SOUTH CHURCH STREET
MT PLEASANT , PA - 15666, 7245471890

ANNALISA S A TOUCH OF HOME
414 PERRY ROAD
PERRYOPOLIS , PA - 15473, 7247364100

ARK MANOR
105 SANDRA DRIVE
DELMONT , PA - 15626, 7244686200

BARNES PLACE
2021 JAMES STREET
LATROBE , PA - 15650, 7245378005

BAYBERRY PLACE
101 LITTLE DRIVE
LOWER BURRELL , PA - 15068, 7243397626

BEECHWOOD COURT AT LAFAYETTE MANOR
145 LAFAYETTE MANOR ROAD
UNIONTOWN , PA - 15401, 7244346024

BROOKDALE LATROBE
500 BROWERS DRIVE
LATROBE , PA - 15650, 7245375255

BROOKDALE MURRYSVILLE
5300 OLD WILLIAM PENN HIGHWAY
EXPORT , PA - 15632, 7243273655

CAMBRIDGE CREEKSIDE
1275 LINCOLN AVENUE
CHARLEROI , PA - 15022, 7246834185

CAMBRIDGE HILLSIDE
400 FOURTH STREET
CHARLEROI , PA - 15022, 7246832829

CLOSE TO HOME
P O BOX 46 724 LINCOLN STREET
BOLIVAR , PA - 15923, 7246760405

CLOVERDALE PERSONAL CARE HOME
206 WESTWOOD AVENUE
MASONTOWN , PA - 15461, 7245830620

DAVENPORT HALL
321 WASHINGTON AVENUE
CHARLEROI , PA - 15022, 7244837029

DUNLEVY MANOR
2218 ROUTE 88
DUNLEVY , PA - 15432, 7243265611

EASY LIVING COUNTRY ESTATES
ONE EASY LIVING DRIVE
HUNKER , PA - 15639, 7249251159

EICHER S FAMILY HOME CARE
704 CAMP ACHIEVEMENT ROAD
NORMALVILLE , PA - 15469, 7244553612

ELIZABETH SETON MEMORY CARE CENTER
129 DEPAUL CENTER ROAD
GREENSBURG , PA - 15601, 7248537948

FAIRFIELD PERSONAL CARE HOME
27 KYLE AVENUE
FAIRCHANCE , PA - 15436, 7245649794

GENERATIONS ELDER CARE
165 DEARTH ROAD
UNIONTOWN , PA - 15401, 7242452922

GEORGE S PERSONAL CARE HOME
108 WATER STREET
NEW STANTON , PA - 15672, 7249259708

GOLDEN HEIGHTS PERSONAL CARE HOME
3522 ROUTE 130
IRWIN , PA - 15642, 7247443200

GRAND AT FAYETTE LLC
205 COLDREN ROAD
FAYETTE CITY, PA 15438, Phone: 7243264909

HALLSWORTH HOUSE
1575 GRAND BOULEVARD
MONESSEN , PA - 15062, 7246848170

HANEY S PERSONAL CARE HOME
330 CARMICHAELS STREET
RICES LANDING , PA - 15357, 7245925449

HILLSIDE ESTATES SUITES
1526 INDEPENDENCE AVENUE
CONNELLSVILLE , PA - 15425, 7246284060

HILLSIDE MANOR PERSONAL CARE HOME
177 OLIVER ROAD
UNIONTOWN , PA - 15401, 7244392273

HORIZON PERONAL CARE HOME INC
9 SOUTH MORGANTOWN STREET
FAIRCHANCE , PA - 15436, 7245640352

JEAN MCVEY II
103 LINCOLN STREET
UNIONTOWN , PA - 15401, 7244373128

KELLY S II PERSONAL CARE HOME
141 UNITY CEMETERY ROAD
LATROBE , PA - 15650, 7248045916

KELLY S PERSONAL CARE
140 GREENDALE DRIVE
GREENSBURG , PA - 15601, 7248507997

LATROBE MANOR LLC
501 SOUTH ALEXANDRIA STREET
LATROBE, PA 15650, Phone: 7245373334

LASOSKY S PERSONAL CARE HOME INC
23 MAIN STREET
CLARKSVILLE , PA - 15322, 7243772680

LEAH S VICTORIAN COTTAGE I
511 PARK AVENUE
SCOTTDALE , PA - 15683, 7248873920

LIFE S PROMISE PERSONAL CARE HOME
2053 STATE ROUTE 711
LIGONIER , PA - 15658, 7243228814

LIGONIER GARDENS
2018 ROUTE 30 EAST
LIGONIER , PA - 15658, 7242383517

LOGAN PLACE
180 CRAIGDELL ROAD
LOWER BURRELL , PA - 15068, 7243340529

LOYALHANNA HEALTH CARE ASSOCIATES
543 MCFARLAND ROAD
LATROBE , PA - 15650, 7245375500

LYTLE S PERSONAL CARE HOME LLC
4508 NATIONAL PIKE
MARKLEYSBURG , PA - 15459, 8142790961

MARQUIS GARDENS PLACE
660 CHERRY TREE LANE
UNIONTOWN , PA - 15401, 7244307258

MCVEY PERSONAL CARE HOME
235 NORTH GALLATIN AVENUE
UNIONTOWN , PA - 15401, 7244373235

M H A ENHANCED PERSONAL CARE HOME
200 SPRING STREET
BENTLEYVILLE , PA - 15314, 7242393775

MOLNAR S PERSONAL CARE HOME
258 PLUMMER ROAD
MCCLELLANDTOWN , PA - 15458, 7247373062

MON VALLEY CARE CENTER
200 STOOPS DRIVE
MONONGAHELA , PA - 15063, 7243101111

MONARCH MEADOW LLC
490 COOLSPRING STREET
UNIONTOWN, PA 15401, Phone: 8142887807

MOUNTAIN VIEW MEMORY CARE LLC
711 ROUTE 119
GREENSBURG, PA 15601, Phone: 7248345711

MOUNTAIN VIEW SENIOR LIVING
132 NATURE PARK ROAD
GREENSBURG , PA - 15601, 7248370690

NEWHAVEN COURT AT LINDWOOD
100 FREEDOM WAY
GREENSBURG , PA - 15601, 7248532502

PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP
240 CEDAR HILL DRIVE
MCMURRAY , PA - 15317, 7249691040

PAULA TEACHER & ASSOCIATES
206 SAGERVILLE ROAD
HARRISON CITY , PA - 15636, 7242960296

PAULIN PERSONAL CARE HOME
119 WEST LINCOLN AVENUE
MCDONALD , PA - 15057, 7249263526

PERONI PERSONAL CARE HOME
111 EASY STREET
UNIONTOWN , PA - 15401, 7244371880

PERSONAL CARE AT EVERGREEN
336 NORTH MAIN STREET
WASHINGTON , PA - 15301, 7246274125

PERSONAL CARE AT EVERGREEN
336 NORTH MAIN STREET
WASHINGTON, PA 15301, 7242224227

PLEASANT RIDGE MATURE LIVING
981 PLEASANT HILL ROAD
LEECHBURG , PA - 15656, 7248450933

QUALITY LIFE SERVICES APOLLO
153 GOODVIEW DRIVE
APOLLO , PA - 15613, 7247273102

RESPICENTER INCORPORATED
545 WEST HIGH STREET
WAYNESBURG , PA - 15370, 7248521300

REASTHEAVEN 1
45 SOUTH MT VERNON AVENUE
UNIONTOWN , PA - 15401, 7245504225

REASTHEAVEN 2
166 NORTH GALATIN AVENUE
UNIONTOWN , PA - 15401, 7244399411

REDSTONE HIGHLANDS
4 GARDEN CENTER DRIVE
GREENSBURG , PA - 15601, 7248328400

REDSTONE HIGHLANDS
12921 REDSTONE DRIVE
NORTH HUNTINGDON , PA - 15642, 7248645811

REDSTONE HIGHLANDS
4949 CLINE HOLLOW ROAD
MURRYSVILLE , PA - 15668, 7247339494

REMED RECOVERY CARE CENTERS LLC
100 BRISTOL LANE
IRWIN, PA 15642, Phone: 7248641896

RIDGEVIEW RESIDENTIAL CARE
122 RIDGEVIEW STREET
YOUNGWOOD , PA - 15697, 7249250212

SMIGOVSKY JENNIE PERSONAL CARE HOME
522 FIRST STREET P O BOX 129
ISABELLA , PA - 15447, 7247857762

SOUTHMINSTER PLACE
880 SOUTH MAIN STREET
WASHINGTON , PA - 15301, 7242235756

STANDISH S
158 CHESTNUT RIDGE ROAD
WASHINGTON , PA - 15301, 7242298801

SUNSET RIDGE PERSONAL CARE HOME
466 HIGH STREET
DERRY , PA - 15627, 7246943105

SUSAN S VICTORIAN COTTAGE
111 HYDRANGEA LANE
MT PLEASANT , PA - 15666, 7244238706

T L C ADULT CARE CENTER
9 RIO VISTA DRIVE
WEST NEWTON , PA - 15089, 7248723000

THE ADAMS HOUSE
314 FALLOWFIELD AVENUE
CHARLEROI , PA - 15022, 7244837171

THE FAIDLEY HOUSE
1378 FOURTH STREET
MONONGAHELA , PA - 15063, 7243103674

THE FAIDLEY HOUSE TOO
1374 FOURTH STREET
MONONGAHELA, PA 15063, 7243103674

THE NEIGHBORHOODS AT WALDEN S VIEW
7990 US ROUTE 30
NORTH HUNTINGDON , PA - 15642, 7248632600

THE RESIDENCE AT HILLTOP
210 ROUTE 837
MONONGAHELA , PA - 15063, 7242588940

TRANSITIONS HEALTHCARE WASHINGTON PA
90 HUMBERT LANE
WASHINGTON , PA - 15301, 7242285666

TROSIEK S PERSONAL CARE HOME
214 SECOND STREET
NEW SALEM , PA - 15468, 7242450203

UPTON S COUNTRY COMFORT
544 BUCHANAN ROAD
NORMALVILLE , PA - 15469, 7244551926

VICTORIA HOUSE III
1014 STATE ROAD
MONESSEN , PA - 15062, 7246846783

VILLA ANGELA AT ST ANNE HOME
685 ANGELA DRIVE
GREENSBURG , PA - 15601, 7248376070

WALDEN S VIEW AT NORTH HUNTINGDON
7990 US ROUTE 30
NORTH HUNTINGDON , PA - 15642, 7248632600

WHITEHEAD PERSONAL CARE HOME II
517 SOUTH 9TH STREET
YOUNGWOOD , PA - 15697, 7249256687

WILLIAM PENN CARE CENTER
1021 WALTON ROAD
JEANNETTE , PA - 15644, 7245193700

WOODCREST SENIOR LIVING COMMUNITY
1 WOODCREST CIRCLE
SCOTTDALE , PA - 15683, 7248873773

Assisted Living

HAWTHORNE WOODS ASSISTED LIVING LTD
791 LOCUST AVENUE
WASHINGTON, PA 15301, 7242221005

STRABANE WOODS OF WASHINGTON
UPMC SENIOR COMMUNITIES
319 WELLNESS WAY
WASHINGTON, PA 15301, 7242259400

THE WATERS OF MCMURRAY
441 VALLEY BROOK ROAD
MCMURRAY, PA 15317, 7247662848

WEATHERWOOD MANOR
896 WEATHERWOOD LANE
GREENSBURG, PA 15601, 7248532084

WOODSIDE PLACE OF WASHINGTON OF PRESBYTERIAN SENIORCARE
954 REDSTONE ROAD
WASHINGTON, PA 15301, 7242235701

Urgent Care

Children's Express Care at Washington Hospital
https://www.chp.edu/locations/express-care-washington-hospital
155 Wilson Ave
Washington, PA, 15301, (724) 579-1902

MedExpress Urgent Care:
www.medexpress.com

- 860 Rostraver Rd
  Belle Vernon, PA 15012, (724) 929-3278
- 3840 Washington Road, Ste 300
  McMurray, PA 15317, 724-941-3273
- 460 Washington Rd, Ste 7
  Washington, PA 15301, (724) 225-3627
- 451 Murtha Dr
  Waynesburg, PA 15370, (724) 852-6391

MinuteClinic (inside CVS Pharmacy)

- 975 Rostraver Road, Belle Vernon, PA 15012
- 3870 Washington Road, Mcmurray, PA 15317
-

Clinics

Adagio Health@East Suburban OB/GYN
Murrysville
4262 Old William Penn Highway
Murrysville, PA, 15668, 724-325-6020

Adagio Health@Excela Health Medical Group
OB/GYN Excela Square at Latrobe
100 Excela Health Drive, Suite 302
Latrobe, PA, 15650, 724-537-1870

Adagio Health@Excela Health OB/GYN
109 Crossroads Rd. Suite 202
Scottdale, PA, 15683, 724-887-6960

Adagio Health@Excela Health OB/GYN, Norwin
8775 Norwin Avenue, Suite D
North Huntington, PA, 15642, 724-863-2660

Adagio Health Greensburg
660 Pellis Road Suite 102
Greensburg, PA, 15601, 724-390-0331

Adagio Health@UPMC Children's Community Pediatrics Mt. View
2000 Village Drive
Greensburg, PA, 15061, 412-692-6677

Adagio Health@UPMC Children's Community Pediatrics South Hills
100 Stoops Drive
Monongahela, PA, 15063, 412-253-8308

Adagio Health@UPMC St. Margaret New Kensington Family Health Center
1072 5th Ave.
New Kensington, PA, 15068, 724-334-3640

Adagio Health@Cornerstone Care, Greensboro Family Planning
7 Glassworks Road
Greensboro, PA, 15338, 724-943-3308

Adagio Health@Centerville Clinic Carmichaels
601 W George Street
Carmichaels, PA, 15320, 724-966-5081

Adagio Health@Community Medical and Dental Plaza
1227 Smith Township State Road
Burgettstown PA 15021, 724-947-2255

Adagio Health@Centerville Clinic Connellsville
208 S. Arch Street
Connellsville, PA, 15425, 724-626-2630

Adagio Health@Penn Highlands Connellsville
401 E Murphy Ave
Connellsville, PA, 15425, 724-628-1500

Adagio Health@Cornerstone Care, Mt. Morris
The Primary Care Center of Mt. Morris
120 Locust Avenue Extension
Mt Morris, PA, 15349, 724-324-9001

Adagio Health@Cornerstone Care, Rogersville Community Medical Center
140 Church Street, Suite 102
Rogersville, PA, 15359, 724-499-5188

Adagio Health@Frick Hospital
508 S Church Street
Mt. Pleasant, PA, 15666, 724-547-1415

Adagio Health@ Centerville Clinic Republic
1006 Main Street
Republic, PA, 15475, 724-246-9434

Adagio Health@Cornerstone Care Washington
400 Jefferson Ave, Suite 4
Washington PA 15301, 724-228-1089

Adagio Health@Cherrytree Medical Imaging
25 Highland Park Drive Suite 201
Uniontown, PA, 15401, 724-438-3040

Adagio Health Uniontown
205 Easy Street, Suite 101
Uniontown, PA, 15401, 724-437-1582

Adagio Health@Uniontown Hospital
500 W Berkeley St
Uniontown, PA, 15401, 724-430-5192

Adagio Health@Centerville Clinic Fairchance
93 N Morgantown Road
Fairchance, PA, 15436, 724-564-0900

CENTRAL OUTREACH WELLNESS CENTER
817 Jefferson Ave
Washington, PA 15301, (724) 993-8000

Washington City Mission Medical Clinic
84 W. Wheeling Street
Washington, PA 15301, (724) 222-8530

Medical supply companies

AAA Hospital Equipment Supplies
368 Euclid Ave
Canonsburg, PA 15317-1739, (724) 745-6700

AdvaCare Home Services
- 200 Villani Dr, Ste 3009

Bridgeville, PA 15017, 412-249-9000

Adult and Pediatric Specialists
655 Rodi Rd, Ste 203
Pittsburgh, PA 15235, 412-371-0008

Airgas
- 1298 Meldon Ave
  Donora, PA 15033, (724) 379-7220
- 1220 Scott St
  Donora, PA 15033, (724) 379-5900
- 1601 Randall Court
  Export, PA 15632, (724) 327-1480
- 2000 Penn Ave
  Jeannette, PA 15644, (724) 527-2800
- 1640 Jefferson Ave
  Washington, PA 15301, (724) 222-1730

Alliance Physical Therapy
2001 Waterdam Plaza Dr Ste 102
Canonsburg, PA 15317,(724) 941-7070

American Homepatient
109 Crossroads Rd Ste 301
Scottdale, PA 15683, (724) 887-5081

Apothecare Pharmacy
173 Morgantown St
Uniontown, PA 15401, (724) 437-7801

Apria Healthcare, www.apria.com
- 701 Technology Dr, Ste 250
  Canonsburg, PA 15317, (724) 873-0718
- 1010 Franklin Dr
  Smock, PA 15480, (724) 425-1986

Audio-Logics Inc, www.audio-logics.com
240 Wellness Way
Washington, PA 15301, (724) 228-8212

Beltone, www.beltone.com
- 1000 Park Place Dr Suite 103
  Washington, PA 15301, 724 228-1984
- 1466 East High Street
  Waynesburg, PA 15370, 724 852-4327

Bottled Gas Service
106 W Greene St
Carmichaels, PA 15320, (724) 966-7858

Centimed Inc, www.centimedinc.com
511 Main St
Bentleyville, PA 15314-1536, (724) 239-4030

Choice Health Care Supplies/Respiratory Care
657 Morganza Rd, Ste 101
Canonsburg, PA 15317, (724) 745-9401

Curtis Pharmacy
- 305 Main St.
  Claysville, PA 15323, (724) 663-7707
- 575 Henderson Ave.
  Washington, PA 15301, (724) 225-1592

D'Aurora Hearing & Audiology
1225 S Main St
Greensburg, PA 15601, (724) 205-6907

Delatorre Orthotics & Prosthetics Inc
382 W Chestnut St
Washington, PA 15301, (724) 225-1250

Dierken's Pharmacy
100 E Main St
Monongahela, PA 15063, (724) 258-5530

Eagle Physical Therapy
200 Lincoln Ave
Uniontown, PA 15401, (724) 439-6061

EMPS, LLC
PO Box 202
Fredericktown, PA 15333, 724.377.0112

Enduracare Orthothic & Prsthtc
- 638 Rostraver Rd
  Belle Vernon, PA 15012, (724) 930-8544
- 1900 Waterdam Plaza Dr Ste 100
  Canonsburg, PA 15317, (724) 941-8821
- 110 Daniel Dr, Ste 6
  Uniontown, PA 15401, (724) 438-7900

ESMS Home Medical
400 Rodi Rd
Pittsburgh, PA 15235, 412-371-0661

Famcare Prescription & Health Center
1429 Burgettstown Plz
Burgettstown, PA 15021, (724) 947-7000

Family Care Medical Equipment Co
117 N Main St
Washington, PA 15301-4333, (724) 222-5354

Hanger Inc, hangerclinic.com
125 N Franklin Dr, Suite 2
Washington, PA 15301-3870, (724) 228-3010

HAR-KEL
1903 Mayview Rd
Bridgeville, PA 15017, 800-257-1830

HealthCare Solutions (Lincare)
- 100 DETROIT AVE,
  Washington, PA 15301, 724-222-4292
- 5103 Center Dr Ste B
  Latrobe, PA 15650, (724) 537-0202

Henry & Stewart Audiology
10 Highland Park Dr
Uniontown, PA 15401, (724) 603-1031

Heritage Complete Home Care
1000 Franklin Ave
Toronto, OH 43964, 740-537-2505

Hixenbaugh's Drug Store
304 Morgantown St
Uniontown, PA 15401, (724) 437-2828

Home Town Oxygen
4680 Old William Penn Hwy, Ste 1
Monroeville, PA 14146, 866-951-0202

Horizon Healthcare
110 Veltri Dr
Washington, PA 15301,(724) 225-1919

Klingensmith Health Care
935 Henderson Ave
Washington, PA 15301-6067, (800) 257-1830

Kuzy's Drug Store
808 Main St
Bentleyville, PA 15314, (724) 239-2233

Lanza Respiratory & Home Medical Equipment
214 Pittsburgh St
Uniontown, PA 15401, (724) 430-0880

Life 1st
230 McKean Ave.
Charleroi, PA 15022, 724-350-4393

Lifeline Therapy
4000 Waterdam Plaza Dr Ste 260
Canonsburg, PA 15317, 724.571.4466

Life Response Llc
118 Craft Rd
Washington, PA 15301-3216, (724) 228-7233

Matheson Valley
10 3rd St
Charleroi, PA 15022, (724) 483-3181

McKnight Medical
11 Mckean Ave
Charleroi, PA 15022-1436, (724) 489-4011

Medcare Equipment Co
- 501 W Otterman St
  Greensburg, PA 15601, (724) 830-8650
- 115 Equity Drive
  Greensburg, PA 15601, 1-800-503-5554

Medical Monks, Inc.
2400 Ansys Dr
Canonsburg, PA 15317, (844) 859-9400

Medmart
2618 Memorial Blvd
Connellsville, PA 15425, (724) 628-7500

Miracle-Ear Center, miracle-ear.com
- 11 West Maiden St
  Washington, PA 15301, (724) 527-4605
- 613 Fallowfield Ave
  Charleroi, PA 15022, (724) 527-4870

Monongahela Medical Supply Co
1163 Country Club Dr
Monongahela, PA 15063, 724-258-1231

Paula Teacher & Associates Inc
111 S Center Ave
New Stanton, PA 15672, (724) 925-2602

Praxair
435 Donner Ave
Monessen, PA 15062, (724) 684-6119

Progressive Medical Specialists, Inc
2453 W Pike St
Houston, PA 15342, (724) 873-5655

Progressive Mobility & Medical
www.progressivemobility.com
320 Cameron Rd
Washington, PA 15301-9621, (724) 228-4568

Providence Home Medical, LP
www.providencehomemedical.com
- 3909 Washington Rd Ste 318
  Canonsburg, PA 15317. (866) 854-7436
- 451 Valley Brook Rd, Ste 204
  McMurray, PA 15317, 1 844-367-7413

PRMS Inc , www.prms-inc.com
470 Johnson Rd, Ste 220
Washington, PA 15301-8944, (724) 222-5852

Qualicar Home Medical
453 Valleybrook Rd
Canonsburg, PA 15317-3371, (724) 260-0826

Rezk Medical
1295 Grand Blvd
Monessen, PA 15062, (724) 314-8247

Roberts Orthotics & Prosthetics
107 E Roy Furman Hwy
Waynesburg, PA 15370, (724) 627-4600

Rotech
1146 W Chestnut St
Washington, PA 15301, 724-430-0880

Span & Taylor Drug Co
175 W Main St
Monongahela, PA 15063, (724) 258-4545

Standard Pharmacy
619 Broad Ave
Belle Vernon, PA 15012, (724) 929-5445

Stat Oxygen Services
122 Clearview Dr
McMurray, PA 15317-3128, (724) 941-8131

Tom and Jerry's Home Medical Service
- 145 N 8th St
  Connellsville, PA 15425, 724-628-8913
- 310 N 3rd St
  Youngwood, PA 15697, (724) 925-2444

Union Orthotics & Prosthetics Co
161 Waterdam Rd, Suite 140,
Canonsburg, PA 15317, (724) 941-4285

Valley National Gases Inc
Route 40 E
Uniontown, PA 15401, (724) 430-0747

Washington Hospital Wound Center
204 Wellness Way
Washington, PA 15301, (724) 223-6903

Washington Medical Equipment
1100 W Chestnut St
Washington, PA 15301, (724) 350-8879

Yareck's Better Hearing Center
137 Finley Rd,
Belle Vernon, PA 15012, (724) 429-1582

Pharmacies

Apothecare Pharmacy
- 280 Mcclellandtown Rd,
  Uniontown, PA 15401, (724) 437-9911
- 173 Morgantown St,
  Uniontown, PA 15401, (724) 437-7801
- 150 Walnut Hill Rd,
  Uniontown, PA 15401, (724) 438-7455

Brownsville Family Pharmacy
25 Market St
Brownsville, PA 15417, (724) 785-7095

Curtis Pharmacy
- 305 Main St.
  Claysville, PA 15323, (724) 663-7707
- 575 Henderson Ave.
  Washington, PA 15301, (724) 225-1592

CVS Pharmacy
- 975 Rostraver Rd
  Belle Vernon, PA 15012, (724) 929-9155
- 3870 Washington Rd
  Canonsburg, PA 15317, (724) 941-7680
- 1845 McClellandtown Rd,
  Masontown, PA 15461, (724) 583-2080
- 175 W Beau St
  Washington, PA, (724) 222-0470
- 3161 Mount Morris Rd,
  Waynesburg, PA 15370, (724) 627-8108

Delta Care Rx
264 Smith Township State Rd Ste 5
Burgettstown, PA 15021, (724) 947-7269

Dierken's Pharmacy
100 E Main St
Monongahela, PA 15063, (724) 258-5530

Donora Union Pharmacy
601 Mckean Ave
Donora, PA 15033, (724) 379-5630

Eighty Four Pharmacy
155 N Franklin St
Washington, PA 15301, (724) 229-4895

Famcare Prescription & Health Center
1429 Burgettstown Plz
Burgettstown, PA 15021, (724) 947-7000

Gabler's Drug
- 8 Oliver St
  Uniontown, PA 15401, (724) 437-8863
- 250 S Mount Vernon Ave,
  Uniontown, PA 15401, (724) 437-9700

Giant Eagle
- 820 Rostraver Rd
  Belle Vernon, PA 15012, (724) 930-7039
- 155 Wilson Rd,
  Bentleyville, PA 15314, (724) 239-2300
- 2840 Washington Rd
  Canonsburg, PA, (724) 942-2802
- 3339 Washington Rd
  Canonsburg, PA, (724) 942-3415
- 4031 Washington Rd
  Canonsburg, PA, (724) 941-0722
- 3701 State Route 88,
  Finleyville, PA 15332, (724) 348-6229
- 200 Station St,
  Mc Donald, PA 15057, (724) 926-2830
- 319 Gibson Ave
  Monongahela, PA, (724) 348-4116
- 1002 Young Ave,
  Monongahela, PA 15063, (724) 258-6288
- 1300 Country Club Rd,
  Monongahela, PA 15063, (724) 258-5011
- 999 N Eighty Eight Rd
  Rices Landing, PA, (724) 592-5565
- 3143 National Pike
  Richeyville, PA, (724) 632-2122
- 300 Tri County Ln,
  Rostraver Township, PA 15012, 724 929-6750
- 581 Pittsburgh Rd,
  Uniontown, PA 15401, (724) 438-2570
- 104 E Wylie Ave
  Washington, PA, (724) 228-8401
- 601 Meadowlands Blvd
  Washington, PA, (724) 873-5100
- 331 Washington Rd,
  Washington, PA, (724) 228-2865

Hixenbaugh's Drug Store
304 Morgantown St
Uniontown, PA 15401, (724) 437-2828

Hometown Pharmacy
4627 State Route 51 Ste 602
Rostraver Township, PA 15012, (724) 379-6000

Janosik's Pharmacy
122 6th St
Monessen, PA 15062, (724) 684-8600

Jeffrey's Drug Store Inc
1 N Central Ave
Canonsburg, PA 15317, (724) 745-6480

Kuzy's Drug Store
808 Main St
Bentleyville, PA 15314, (724) 239-2211

Mc Cracken Pharmacy
595 E High St
Waynesburg, PA 15370, (724) 627-5454

Mc Donald Pharmacy Inc
303 W Barr St
Mc Donald, PA 15057, (724) 926-2117

Medicine Mine
555 Route 88
Carmichaels, PA 15320, (724) 966-5237

Medicine Shoppe
- 808 Main St
  Bentleyville, PA, (724) 239-3600
- 25 Market St
  Brownsville, PA, (724) 785-7095
- 609 National Pike E
  Brownsville, PA 15417, (724) 785-7900
- 66 W Pike St
  Canonsburg, PA, (724) 745-6480
- 75 E Maiden St
  Washington, PA, (724) 222-2796
- 400 Jefferson Ave Ste 2
  Washington, PA, (724) 222-0900

Medicine Stop
609 National Pike E
Brownsville, PA 15417, (724) 785-7900

Medmart
2618 Memorial Blvd
Connellsville, PA 15425, (724) 628-7500

Monongahela Valley Hospital Pharmacy
1163 Country Club Rd
Monongahela, PA 15063, (724) 258-1231

Mt Morris Pharmacy
120 Locust Ave Ext
Mount Morris, PA 15349, (724) 324-5555

Nickman Drug
1878 Mcclellandtown Rd
Masontown, PA 15461, (724) 952-1040

Perry Drug Store
301 Independence St
Perryopolis, PA 15473, (724) 736-4422

Prescription Center Plus
- 4080 Washington Rd
  Canonsburg, PA 15317, (724) 941-2522
- 1045 Route 519
  Eighty Four, PA 15330, (724) 222-2512

Redstone Pharmacy
- 322 3rd St
  California, PA 15419, (724) 938-2395
- 1009 Main St,
  Masontown, PA 15461, (724) 246-8800

Rite Aid
- 175 Wilson Rd,
  Bentleyville, PA 15314, (724) 239-3400
- 1340 Main St
  Burgettstown, PA 15021, (724) 947-4722
- 404 3rd St
  California, PA, (724) 938-3515
- 25 E Pike St
  Canonsburg, PA, (724) 745-4418
- 601 W Pike St,
  Canonsburg, PA 15317, (724) 745-5016
- 4185 Washington Rd
  Canonsburg, PA, (724) 942-9111
- 101 5th St
  Charleroi, PA, (724) 489-9334
- 6039 National Pike
  Grindstone, PA, (724) 785-4522
- 10 Donner Ave
  Monessen, PA, (724) 684-0153
- 446 W Main St
  Monongahela, PA, (724) 258-6161
- 843 Rostraver Rd
  Rostraver Township, PA 15012,724-929-8311

Rite Aid (continued)
- 575 Morgantown Rd
  Uniontown, PA, (724) 437-2140
- 1001 Jefferson Ave
  Washington, PA, (724) 223-4971
- 1396 W Chestnut St
  Washington, PA, (724) 228-0059
- 1440 E High St
  Waynesburg, PA, (724) 627-9849
- 113 W Main St
  West Newton, PA, (724) 872-6401

Rostraver Drug Store
520 Circle Dr
Rostraver Township, PA 15012, (724) 929-5533

Rx Plus
- 30 Delaware Ave,
  Uniontown, PA 15401, (724) 438-4518
- 182 N Gallatin Ave
  Uniontown, PA 15401, (724) 437-7774

Sollon Pharmacy
368 Euclid Ave Ste 1
Canonsburg, PA 15317, (724) 745-6700

Span & Taylor Drug Co
175 W Main St
Monongahela, PA 15063, (724) 258-4545

Standard Pharmacy
619 Broad Ave
Belle Vernon, PA 15012, (724) 929-5445

Target - Pharmacy
335 Washington Rd
Washington, PA 15301, (724) 229-9306

Union Prescription Center
401 Donner Ave
Monessen, PA 15062, (724) 684-8350

Walgreens
- 100 Cavasina Dr
  Canonsburg, PA 15317, (724) 873-8790
- 100 E Mcmurray Rd
  Canonsburg, PA, (724) 949-1583

Walgreens (continued)
- 180 W Main St,
  Uniontown, PA 15401, (724) 434-2704
- 99 Jefferson Ave
  Washington, PA, (724) 228-3201

Walmart - Pharmacy
- Interstate 70 And State Rout
  Belle Vernon, PA 15012, (724) 929-2437
- 134 Daniel Kendall Dr,
  Brownsville, PA 15417, (724) 364-4106
- 355 Walmart Dr,
  Uniontown, PA 15401, (724) 438-3335
- 405 Murtha Dr,
  Waynesburg, PA 15370, (724) 627-3546

Washington Care Pharmacy
95 Leonard Ave
Washington, PA 15301, (724) 206-9432

Prescription Assistance:

- Catholic Charities (Fayette and Westmoreland Counties)
  711 East Pittsburgh Street
  Greensburg, PA 15601
  724-837-1840

- Cornerstone care, 724-947-2255

- The Pennsylvania Patient Assistance Program connects persons of any age who cannot afford the cost of their drugs with programs that may help to cover the cost. 800-955-0989

- Pennsylvania's prescription assistance programs for older adults, PACE and PACENET, offer low-cost prescription medication to qualified residents, age 65 and older. 1-800-225-7223.

- Salvation Army (Greene County)
  131 West First Street
  WAYNESBURG, PA 15370
  Telephone: 724-852-1479
  Office Phone 724-852-1551

Local PA Department of Health State Health Centers

- Greene County State Health Center
  108 Green Plaza, Suite 2
  Waynesburg, PA. 15370
  724-627-3168
  724-852-4448 (fax)

- Fayette County State Health Center
  100 New Salem Road, Suite 102
  Uniontown, PA. 15301
  724-439-7400
  724-439-2262 (fax)

- Monessen State Health Center
  1 Wendell Ramey Lane, Suite 140
  Monessen, PA 15062
  724-684-2942
  724-684-2933 (fax)

- Washington County State Health Center
  167 North Main Street, Suite 100
  Washington, PA. 15301
  724-223-4540
  724-233-4677 (fax)

- Westmoreland County
  233 W. Otterman St.
  Greensburg, PA 15601-2201
  Phone: 724-832-5315
  Fax: 724-832-5327

Assets pertaining to multiple needs:

Community assets have also been catalogued by need area. Because assets may cross over need areas, they will only be listed once and then referenced under the other need area(s) they affect. The health factor needs that affect multiple health outcome needs will be discussed together here rather than under each of the health outcomes they affect to reduce repetitiveness. These include: Meeting physical activity and muscle-strengthening recommendations, Obesity, Fruit intake; Tobacco cessation assets (Pregnant smoking, Youth and Adult e-cigarette use); Substance abuse assets (Alcohol driving deaths, Drug overdose and Heavy drinking); Food insecurity; and General chronic diseases (cancer, diabetes, etc.) assets. Both locally based assets and internet based assets are listed.

Meeting physical activity and muscle-strengthening recommendations; Obesity, Fruit intake

Internet:

Nutrition, Physical Activity, and Obesity Prevention Strategies

- The CDC Guide to Strategies to Increase Physical Activity in the Community Cdc-pdf[PDF-1.2MB] provides guidance for program managers, policy makers, and others on how to select strategies to increase physical activity.
- Physical Activity: Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental DesignExternal
  The Community Preventive Services Task Force recommends built environment strategies that combine one or more interventions to improve pedestrian or bicycle transportation systems with one or more land use and environmental design interventions to increase physical activity.
- The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables Cdc-pdf[PDF-2.1MB] provides guidance for program managers, policy makers, and others on how to select strategies to increase the consumption of fruits and vegetables.
- The CDC Guide to Breastfeeding Interventions provides state and local community members information to choose the breastfeeding intervention strategy that best meets their needs.
- Recommended Community Strategies and Measurements to Prevent Obesity in the United States Cdc-pdf[PDF-376KB] contains 24 recommended obesity prevention strategies focusing on environmental and policy level change initiatives that can be implemented by local governments and school districts to promote healthy eating and active living.
- Implementation and Measurement Guide Cdc-pdf[PDF-2.6MB] can help communities implement the recommended obesity prevention strategies and report on the associated measurements.
- Healthy Communities: What Local Governments Can Do to Reduce and Prevent Obesity Cdc-ppt[PPT-8.5MB] is a presentation developed for use by local government staff that makes the case for investing in CDC's Recommended Community Strategies and Measurements to Prevent Obesity in the United States Cdc-pdf[PDF – 375KB] . Also available in a PDF version Cdc-pdf[PDF-3.8MB].

Early Care and Education Strategies

- CDC's framework for obesity prevention, in the ECE setting is known as the Spectrum of Opportunities Cdc-pdf[PDF-666KB]. The Spectrum identifies ways that states, and to some extent communities, can support child care and early education facilities to achieve recommended standards and best practices for obesity prevention. The Spectrum aligns with comprehensive national ECE standards for obesity prevention address nutrition, infant feeding, physical activity and screen time, Caring for Our Children: National Health and Safety Performance Standards (CFOC), 3rd ed. Cdc-pdf[PDF-4.71MB]External

School Health Guidelines

- School Health Guidelines to Promote Healthy Eating and Physical Activity provides nine guidelines that serve as the foundation for developing, implementing, and evaluating school-based healthy eating and physical activity policies and practices for students in grades K-12.
- The following resources are designed to assist schools and program coordinators to inform stakeholders and school health services staff on obesity facts, engaging students and managing chronic health conditions.

Community Guide

- The Community Guide – Obesity Prevention and ControlExternal is a free resource to help you choose programs and policies to prevent and control obesity in your community.

Clinical Guidelines

- Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents Cdc-pdf[PDF-3.26MB]External This resource summarizes the integrated guidelines develop by the Federal Government to address cardiovascular disease in children and adolescents.
- Screening for Obesity in Pediatric Primary Care: Recommendations from the U.S. Preventive Services Task ForceExternal Guidance for primary care providers in screening for obesity and offering or referring to comprehensive, intensive behavioral weight management interventions.
- Expert Committee RecommendationsExternal The American Academy of Pediatrics released the Expert Committee Recommendations that suggest screening all children for obesity (>=2 years) and providing tiers of care regarding the treatment and prevention of obesity.
- 2013 Guideline on the Assessment of Cardiovascular RiskExternalThis is a Report of the American College of Cardiology and the American Heart Association Task Force on Practice Guidelines for reducing the risk of cardiovascular disease.

Private recreation:

Camp Agape
Outdoor ministry of the Evangelical Lutheran Church in America. Access to retreat and camping facilities is available to all. ACA Accredited.
72 Agape Road
Hickory, PA 15340, 724-356-2308

Four Seasons Resort
Family camping and ATV adventures including 300 campsites, motel, apartments, store, 35+ miles of ATV trails and an Olympic-sized pool.
3 Camp Resort Road
West Finley, PA 15377, 724-428-4407

Mineral Beach
Large pool in a family friendly environment.
6299 Route 88
Finleyville, PA 15332, 724-348-7246

Planet Bounce
2560 Washington Rd
Canonsburg, PA 15317, (724) 485-9474

Pine Cove Beach Club & RV Resort
Large sites, full hookups 30-50 amps and WiFi at site. Fishing ponds, million gallon pool with waterslides, playground, full concession and family oriented environment.
1495 Route 481
Charleroi, PA 15022

Printscape Arena at Southpointe
125,000 sq. ft. multi-purpose sports facility. Hosts a wide range of ice, turf, sporting programs and leagues, tournaments, summer camps and special events year round.
114 Southpointe Boulevard
Canonsburg, PA 15317, 724-745-6666

Southpointe Field House
The area's premier sports complex offering one of the largest indoor fields. Features 45,000 square feet of turf and a world class strength/speed training facility.
104 Cecil Henderson Road
Canonsburg, PA 15317, 724-747-4222

Sky Zone Trampoline Park
Indoor trampoline park featuring freestyle bouncing, dodgeball and fitness programs.
281 Georgetown Road
Canonsburg, PA 15317, (724) 251-6100

Urban Assault
1217 Laurel Hill Rd, Mc Donald, PA 15057
(724) 926-9000

Health clubs:

9Round
3339 Washington Rd, Canonsburg, PA 15317
(724) 260-5693

30 and Out Fitness for Women
887 Henderson Ave, Washington, PA 15301
(724) 222-1992

Akt Fitness
55 Sugar Run Rd, Waynesburg, PA 15370
(724) 802-7980

Anytime Fitness

- 3961 Washington Rd, Canonsburg, PA 15317
  (724) 942-0024
- 46 Old Mill Blvd, Washington, PA 15301
  (724) 222-3100
- 156 Finley Rd, Rostraver Township, PA 15012
  (724) 929-2100
- 55 Sugar Run Rd Ste 104, Waynesburg, PA 15370
  (724) 998-9980

Arden Athletic Club
25 Seik Rd, Washington, PA 15301
(724) 228-7863

B G Gymnastics
480 Donner Ave, Monessen, PA 15062
(724) 684-5779

barre3
1800 Main St, Canonsburg, PA 15317
(724) 485-2265

Bb Fit
158 Finley Rd, Rostraver Township, PA 15012
(724) 929-2100

Belle Vernon Fitness Center
750 Rostraver Rd, Belle Vernon, PA 15012
(724) 243-3399

Body Systems Fitness Inc
106 W Lincoln Ave, Mc Donald, PA 15057
(724) 492-1386

Bodytech
114 Southpointe Blvd Ste 202
Canonsburg, PA 15317, (724) 873-7602

Brownson House
1415 Jefferson Ave, Washington, PA 15301
(724) 222-1440

C R D Pilates and Yoga
4000 Washington Rd, Canonsburg, PA 15317
(724) 941-2411

Center For Fitness & Health
800 Plaza Dr Ste 100,
Rostraver Township, PA 15012, (724) 379-5100

Chosen For Him
161 E Pike St, Canonsburg, PA 15317
(724) 745-2254

CrossFit Invigorate
- 28 Mansfield Rd, Washington, PA 15301
  (412) 522-4809
- 26 Mansfield Rd Building 3, Washington, PA 15301
  (412) 979-8376
- 1019 Route 519Eighty Four, PA 15330
  (724) 228-8855
- 2550 Washington Rd, Canonsburg, PA 15317
  (724) 745-1010
- 3475 Washington Ave, Finleyville, PA 15332
  (412) 389-1256

Curves
- 1100 Steubenville Pike Ste 3,
  Burgettstown, PA 15021, (724) 947-5022
- 161 E Pike St Canonsburg, PA 15317
  (724) 745-2254
- 3909 Washington Rd Ste 240
  Canonsburg, PA 15317, (724) 942-9890

Curves (continued)
- 402 Washington St Bentleyville, PA 15314
  (724) 239-6263
- 3249 Washington Pike Ste
  1101Bridgeville, PA 15017
  (412) 257-1159
- 56 Gearing Rd Monongahela, PA 15063
  (724) 239-6262
- 106 Collinsburg Rd West Newton, PA 15089
  (724) 872-9559
- 110 Daniel Dr Ste 11 Uniontown, PA 15401
  (724) 437-195
- 232A N Pittsburgh St Connellsville, PA 15425
  (724) 620-2900
- 1600 E High St Waynesburg, PA 15370
  (724) 852-4250

Fitness First
35 E Pike St, Canonsburg, PA 15317
(724) 745-2254

Daisytown Athletic Club
4 Daisytown Rd, Daisytown, PA 15427
(724) 938-8225

Elmhurst Swim Club
1 Wilmont Ave, Washington, PA 15301
(724) 222-9974

Endless Resolutions Gym Fitness
- 160 Zimmer Ln, Waynesburg, PA 15370
  (724) 627-8816
- 21 S Morris St, Waynesburg, PA 15370
  (724) 833-5600

EQT REC Center
400 Evergreene Dr, Waynesburg, PA 15370
(724) 627-2739

F A Fitness
209 5th St, Charleroi, PA 15022
(724) 565-5157

Falcan Gymnastic & Fitness
226 Nazareth Dr Rostraver Township, PA 15012
(724) 684-6260

Fithouse
3540 Washington Rd Ste 4 Canonsburg, PA 15317
(724) 941-4119

Fit Body Boot Camp
3351 Washington Rd Canonsburg, PA 15317
(724) 260-5140

Gym Dandys
345 Meadowlands Blvd Washington, PA 15301
(724) 745-5558

Health Club At South Pointe
1001 Corporate Dr Ste 110 Canonsburg, PA 15317
(724) 597-0014

Iron Factory Gym
595 Racetrack Rd, Washington, PA 15301
(724) 206-0878

Jazzercise
905 E Mcmurray Rd Venetia, PA 15367
(412) 257-3750

Keystone Anaerobic Exercise
235 W Church Ave, Masontown, PA 15461
(724) 583-9223

Le Moyne Multi-Cultural Cmnty
200 N Forrest Ave, Washington, PA 15301
(724) 228-0260

Lifestyle Fitness
102 Bittersweet Cir Venetia, PA 15367
(724) 941-7046

Naomi Athletic Club
RR 1 Fayette City, PA 15438, (724) 326-4190

Mav's Gym
522 Broad Ave Belle Vernon, PA 15012
(724) 929-3458

Mon Valley Fitness Center
- Po Box 567 Dunlevy, PA 15432
  (724) 483-2438
- 1 Wendell Ramey Ln
  Monessen, PA 15062, (724) 684-8365

Mon Valley YMCA
101 Taylor Run Rd
Monongahela, PA 15063, (724) 483-8077

Monessen Recreational Center
861 Donner Ave Monessen, PA 15062
(724) 314-8276

PLANET FITNESS
- 900 Wildflower Circle,
  Washington, PA 15301, (724) 338-2430
- 760 Rostraver Road, Rostraver
  Township, PA 15012, (724) 268-0900
- 605 Pittsburgh Rd, Uniontown, PA
  15401, (724) 439-3201

Power Train Southpointe
104 Cecil Henderson Rd
Canonsburg, PA 15317, (724) 514-6178

Pride Cheer Gym
105 Springfield Dr Canonsburg, PA 15317
(724) 873-1232

Progressive Training
382 W Chestnut St Washington, PA 15301
(724) 228-9747

Raw Gym
780 Rostraver Rd Belle Vernon, PA 15012
(724) 930-6110

Resolutions Gym
21 W South St Waynesburg, PA 15370
(724) 833-5600

Rices Landing Athletic Club
Sydney Ave, Rices Landing, PA 15357
(724) 592-5700

Sri Yantra Yoga Studios
Cherry Ave Houston, PA 15342
(724) 746-1327

Sonshine Fitness
3105 Washington Rd, Canonsburg, PA 15317
(724) 942-2348

Southhills Health and Wellness
4000 Washington Rd
Canonsburg, PA 15317, (724) 260-5337

South Hills Power Yoga
4145 Washington Rd
Canonsburg, PA 15317, (724) 260-0011

Step Four Fitness
950 Rostraver Rd Belle Vernon, PA 15012
(724) 930-6006

STS Fitness, 3339 Washington Rd
Canonsburg, PA 15317, (724) 299-3994

Studio Current Yoga
1115 W Main St Monongahela, PA 15063
(724) 310-3080

The Bodytorium
122 Gallery Dr Canonsburg, PA 15317
(724) 941-7270

The Health Club at Southpointe
333 Technology Dr Canonsburg, PA 15317
(724) 597-001411.

The Hobe Sports Center
125 Long St Rices Landing, PA 15357
(724) 592-5500

The Little Gym of Pittsburgh-South Hills
3909 Washington Rd Ste 205
Canonsburg, PA 15317, (724) 941-0100

The Pilates Body

- 4000 Washington Rd
  Canonsburg, PA 15317, (724) 941-2411
- 451 Valley Brook Rd Ste 203,
  Canonsburg, PA 15317, (724) 941-2411

Tri State Fitness Service
106 Grandview Dr Canonsburg, PA 15317
(724) 731-0006

Vernon C Neal Sportsplex
200 Dunn Ave Washington, PA 15301
(724) 222-2522

Vitalix Fitness
31 E Chestnut St Washington, PA 15301
(724) 206-0531

Washington Health System Wilfred R.
Cameron Wellness Center
240 Wellness Way, Washington, PA 15301
724.225.WELL, https://wrcameronwellness.org/

Ymca
1 Ymca Ln Uniontown, PA 15401
(724) 438-2584

Yoga Ba Be Fitness
505 Valley Brook Rd
Canonsburg, PA 15317, (724) 941-2207

Community centers:

- Brownson House and The Vernon C. Neal Sportsplex
- Cecil Township Community center
- Chartiers Township Community Center
- Fayette county community center
- Finleyville community center
- LeMoyne Multi-Cultural center
- Lone Pine Community center
- Lone pine social hall
- Peters Township Community center
- Neuman Center, Washington
- Monessen Civic center
- Monessen Recreational Center
- MidWay Community center
- Mt. Pleasant community center.
- North Bethlehem Community Center
- Schooner Youth Center Inc, Monessen, PA 15062
- The rock student center, Canonsburg
- *Community centers:*
- Washington County Community youth center, Canonsburg
- Waypoint Youth & Community Center, West Newton, PA 15089
- WWJD center, Waynesburg
- Venetia community center

Senior Citizen Community Centers:
Bentleyville Center
931 Main Street, Bentleyville, PA 15314
Phone: 724-239-5887

Beth Center Senior Center
Box 151, Station Street, Vestaburg, PA 15368
Phone: (724) 377-0000

Burgettstown Senior Center
116 Main Street, Burgettstown, PA 15021
Phone: 724-947-9524

Canonsburg Senior Center
30 East Pike Street, Canonsburg, PA 15317
Phone: 724-745-5443

Claysville Senior Center
105 Green Street, Box 64
Claysville, PA 15323 , Phone: 724-663-4202

Cross Creek Senior Center
28 Clark Avenue, Avella, PA 15312
Phone: 724-587-5755

McDonald/Cecil Senior Center
3599 Millers Run Road, Cecil, PA 15321
Phone: 724-743-1827

Thomas Campbell Center
850 Beech Street, Washington, PA 15301
Phone: 724-225-2290

Washington Senior Center
69 West Maiden Street, Washington, PA 15301
Phone: 724-222-8566

Brownfield Community Center
291 Banning Rd., Dawson, PA 15428
Phone: 724-529-2930

Brownsville Senior Center
302 Shaffner Ave., Brownsville, PA 15417
Phone: 724-785-6180
Website: www.crosskeyshumanservices.org

Bullskin Senior Citizens, Inc.
52 Medsger Rd., Connellsville, PA 15425
Phone: 724-887-0655

Center on the Hill, 100 Summit Rd., Belle Vernon, PA 15012, Phone: 724-930-8512

Connellsville Senior Center
100 E Fayette St., Connellsville, PA 15425
Phone: 724-626-1515

Everson and Community Senior Citizens
Everson VFW 401 Shipley St., Everson, PA 15631
Phone: 724-887-9745

FairChance Center in the Bank
67 West Church Street, Fairchance, PA 15436
Phone: 724-564-0638 or 724-437-6050 x2237
Website: http://www.fccaa.org/

Masontown Senior Center
22 S Main St., Masontown, PA 15461
Phone: 724-583-7822

Mountain Citizens Action Group, Inc.
39 Old Dinner Bell Rd., Farmington, PA 15437
Phone: 724-329-4260Website: www.fccaa.org
Perryopolis Senior Center
403 Liberty St., Perryopolis, PA 15473
Phone: 724-736-2250

Point Marion Golden Pointers
109 Railroad St., Point Marion, PA 15474
Phone: 724-725-3821

Republic Senior Center
36 Fairgarden St., Republic, PA 15475
Phone: 724-246-7740
Website: www.crosskeyshumanservices.org

Smithfield Colonials
14 Water Street, Smithfield, PA 15478
Phone: 724-564-2934

Uniontown Adult Recreation Center
137 N Beeson Ave., Uniontown, PA 15401
Phone: 724-437-6050Website:www.fccaa.org
Lower Burrell Manor
200 Sylvan Drive, Lower Burrell, PA 15068
Phone: 724-335-8597

Monessen Senior Center

1925 Grand Boulevard, Monessen, PA 15062
Phone: 724-684-6105Website: www.lsswpa.org

103 Main St., West Newton, PA 15089
Phone: 724-872-4976Website: www.lsswpa.org

West Newton Senior Center

Parks:

- In Finleyville : Mingo Creek County, Union Twp Park, Union Twp recreational park
- In new eagle: New Eagle BF, Tubby Hall Riverfront Park
- In Washington: Washington Park, South Strabane township community park, South Franklin township community park, Allison park, Billy Bell Park, South Strabane, bull thistle (W&J), Driscoll park, Lakeview park, Streator Park, Brooks softball fields, North Franklin Township park, South Franklin Township park
- In Waynesburg: Washington Township, Rinehart Park, Emerald Ball Field, Manufacturers Field, Center Township park, Meadowlark park, lion's park, Greene county fairgrounds, Crawford Field, College Field (2), Sunrise park, sunset park, Waynesburg park
- In Carmichaels: Cumberland Township park, Wana B park
- Pumpkin Run Park, Rices Landing
- In Jefferson: Mather Park, Center Township park
- In Burgettstown: Paris Ballfield, Langloth Ball Field, Burgettstown Community Park, Hanover Township Park, Smith Ball Field, Hillman State Park, Panhandle trail
- In Canonsburg/McMurray: Peterswood Park, Peters Lake Park, North Strabane Township park, Borland Ball Field, Canonsburg Township Pool and Park, Canonsburg playground, Canonsburg Town Park, Arrowhead trail, Rees Park, Canonsburg Lake and Dam
- In Hickory: Mt. Pleasant Township park, Viking ball fields
- In Cecil: Southview ball field, Washington County fair grounds, Holy Rosary Park, Cecil Township Ball fields, Hendersonville Park, Montour trail
- In Houston: Arnold Park, Houston Ball Fields
- In Bentleyville: Borough of Cokeburg park, radio park, ellsworth community park, Bentleyville-Richardson ball fields
- In California: David Szalay Community park, Rotary Park, California Borough Park
- In eighty-four: 84 youth park, 84 lumber company park, Nottingham township park, Mingo Creek County park
- In Claysville: Buffalo township swimming pool and ball fields, Taylorstown Park, Sunset beach park and picnic, McGuffy Community Park, West Alexander Park
- In McDonald: Midway Borough park, Sturgeon Park, Heritage Park, East End Park
- In coal center: Elco BF, Stockdale BF, Allenport Park, Newell BF, Dunlevy Recreation Center
- In Monessen: Monessen City, 6th street 9th street, Columbus, Shawnee park
- In Perryopolis: Rowes Run BF, Jefferson Township BF, Star Junction BF, Perryopolis BF, AF, Park; Harry Sampey Park
- Court Street Park, West Newton
- In Belle Vernon: Cedar Creek, John DiVirgillio Sports Complex, Fairhope Ball Field and Athletic Field, Belle Vernon Athletic Field, North Belle Vernon Recreational Park (Graham street park), North Belle Vernon Athletic Field, Naomi Ball Field and Athletic field,
- In Brownsville: Vestaburg BF, Hiller BF, West Belle Vernon BF, Arnold BF, Allison Heights BF, Roadman Park
- In Donora: Palmer park, Annex field, Donner Veteran Memorial Park, Donner Park, Ken Griffey F, Donora war memorial park, cascade park

- In Charleroi : Charleroi Community Park, North Charleroi Recreation Park, Woodland Ave Park, Crest Ave Playground and Park, Fallowfield Twp Municipal park, Speers Community park
- In Monongahela: Mounds park, Chess park, Aquatorium, Diane Drive Recreational Park, Riverview park, Hill crest park, valley Ave Recreational park, Victory Hill RP, Carroll Twp Little league fields, Gallatin park
- In Clarksville: Ten Mile Creek County, Burson Park

Trails:

McDonald Trail Station
Located at the intersection of the Panhandle and Montour Trails, the station is open April through October on weekends. It preserves and displays McDonald's history.
160 South McDonald Street
McDonald, PA 15057, 724-926-4617
http://www.mcdonaldtrailstation.com/

Montour Trail Council
A multi-use, non-motorized recreational rail-trail spanning 23 miles in Washington County. Recognized as the "2017 Trail of the Year" by the Pennsylvania Department of Conservation and Natural Resources.
304 Hickman Street, Suite 3
Bridgeville, PA 15017, 412-257-3011
https://montourtrail.org/

Panhandle Trail
A beautiful, 29-mile recreational trail which connects Allegheny County, Washington County and Brooke County, WV.
Northern Washington County
McDonald, PA 15057
724-228-6867
http://www.mcdonaldtrailstation.com/panhandle-trail.php

Regional Trail Corporation
111 Collinsburg Rd, West Newton, PA 15089
(724) 872-5586

West Beth Hiking Trail
Fairly difficult climb 0.82 miles. Starting elevation, 953 feet. Ending elevation, 1313 feet. Fishing pond. Spectacular view of historic mining town, Uniontown summit, Horne cemetery.
Jefferson Avenue
Marianna, PA 15345

Youghiogheny River Trail
111 W Main StWest Newton, PA 15089
(724) 872-5586

Internet:

- American Heart Association: https://www.heart.org/en/healthy-living/healthy-eating/losing-weight
- Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion Division of Nutrition: http://www.cdc.gov/nccdphp/dnpa
- Explore Pennsylvania Trails: http://trails.dcnr.pa.gov/
- National Institutes of Health: https://www.nih.gov/health-information/your-healthiest-self-wellness-toolkits
- National Center on Physical Activity and Disability: https://www.nchpad.org/
- Walkworks: https://www.health.pa.gov/topics/programs/WalkWorks/Pages/WalkWorks.aspx
- NIH Diet & Nutrition: https://www.niddk.nih.gov/health-information/diet-nutrition

- NIH Weight Management: https://www.niddk.nih.gov/health-information/weight-management

Tobacco cessation assets (Pregnant smoking, Youth and Adult e-cigarette use)

Phone/Internet:

- 1-800-QUIT NOW—Pennsylvanians 14 years of age and or older who smoke or use chewing tobacco can call to receive free counseling, 24 hours a day, 7 days a week. Participants may be eligible to receive the first 2 weeks of quit medication for free. After that, they may be eligible for additional free quit medication through the Quitline based on your health plan and employer. Three programs include: phone only; phone and online; and online only.
    - Online sign up: https://pa.quitlogix.org/en-US/Enroll-Now
- American Cancer Society: https://www.cancer.org/healthy/stay-away-from-tobacco.html
- American Lung Association: https://www.lung.org/stop-smoking/
- ChewFree.com website was developed as part of a research project funded by the National Institutes of Health to help people quit their use of chewing tobacco or snuff. Now the website is open to anyone wishing to quit their use of smokeless tobacco products.: www.chewfree.com
- MyLastDip Web Program—www.MyLastDip.com presents information about the risks of smokeless tobacco use, provides research-proven, practical methods for quitting, and allows participants to set their own pace.
- The National Cancer Institute (NCI) created Smokefree.gov to help you or someone you care about quit smoking. Smokefree.gov is a part of the U.S. Department of Health and Human Services' efforts to reduce smoking rates in the United States, particularly among certain populations.: www.smokefree.gov

Substance abuse assets (Alcohol driving deaths, Drug overdose and Heavy drinking)

PA Department of Health Drug and Alcohol Facility locator:
https://sais.health.pa.gov/commonpoc/Content/PublicWeb/DAFind.aspx

Drug and Alcohol Program(DAP) Department of Human Services for Greene County, Pennsylvania
Contact Person(s): John Fox, Drug & Alcohol Director
https://www.co.greene.pa.us/Department-Drug-and-Alcohol-Program
Fort Jackson Building, (3rd Floor), 19 South Washington Street, Waynesburg, PA 15370
Phone: 724-852-5276 / Fax: 724-852-5368
Office Hours: 8:30 a.m.—4:30 p.m., Monday—Friday

Fayette County Drug and Alcohol Commission, Inc.
https://www.fcdaa.org/
100 New Salem Road, Suite 106, Uniontown, PA 15401
Office Phone Number: 724-438-3576, Toll Free: 800-856-3576, Toll free number answers 24 hours/day - 7 days/week

Washington County Drug and Alcohol Commission,

- Main page: https://wdacinc.org/
- Treatment: https://wdacinc.org/treatment/
- Recovery meetings:
    - Alcoholics Anonymous:
        - http://www.district14.info/
        - https://www.wpaarea60.org/meetings/
        - https://www.pghaa.org/meetings
    - Narcotics Anonymous:
      http://www.crossroadsna.com/mobile/mtgsearch.php?pagename=mtgsearch
- Family Support group meetings:
    - Nar-Anon Family Groups: https://www.nar-anon.org/find-a-meeting/
    - Al-anon Family Groups: https://al-anon.org/al-anon-meetings/
- Overdose information:
    - https://wdacinc.org/overdose-information/
    - https://www.getnaloxonenow.org/
- Drug collection sites: https://wdacinc.org/prescription-drug-abuse/drug-disposal-sites/

Washington & Jefferson College:

- health and counseling center: https://www.washjeff.edu/student-health-and-counseling-center

California University of Pennsylvania:

- health center: https://www.calu.edu/student-life/health-wellness.aspx

Waynesburg University:

- health center: https://www.waynesburg.edu/campus-life/wellness

PA Stop is designed to educate Pennsylvanians about the risks of prescription painkiller and heroin use, the relationship between painkiller and heroin use, and what to do when you need help. We are working to prevent non-medical use of prescription painkillers and, in so doing, to break the connection between heroin and prescription painkillers. Together, we can stop opiate addiction before it starts. It has developed free materials about opiate addiction for D&A professionals to download and distribute, as well as information and resources for anyone looking for HELP.

- http://pastop.org/

The National Institute on Alcohol Abuse and Alcoholism at NIH has long been recognized as a national leader in research on harmful drinking among college students. NIAAA developed ***www.CollegeDrinkingPrevention.gov*** as a one-stop resource for comprehensive research-based information on issues related to alcohol abuse and binge drinking among college students, with online tools for parents, students, administrators and more.

- http://www.collegedrinkingprevention.gov/

Pennsylvania Department of Health's Opioid Crisis Page contains information on Pennsylvania's Opioid Data Dashboard, Prescription Drug Monitoring Program, Standing Order Prescription for Naloxone, Patient Non-Opioid Directive, Warm Handoff, Prescribing Guidelines and Continuing Education for Health Care Providers. It also has links for information for Individuals & Families, First Responders, Providers & Prescribers and Schools.

- https://www.health.pa.gov/topics/disease/Opioids/Pages/Opioids.aspx
- 1-800-662-HELP

The mission of Mothers Against Drunk Driving (MADD) is to end drunk driving, help fight drugged driving, support the victims of these violent crimes, and prevent underage drinking.

- https://www.madd.org/

SADD empowers and mobilizes students and adult allies to engage in positive change through leadership and smart decision-making.

- https://www.sadd.org/

Food insecurity assets

PA Food Security Partnership is a resource for food security in Pennsylvania. Find information on food programs, Pennsylvania's blueprint to end hunger, data, resources, and more.
https://www.dhs.pa.gov/about/Ending-Hunger/Pages/default.aspx

Greater Washington County Food Bank, a division of Foo Helpers, has been providing groceries and nutritional information/education to food insecure residents of Washington County. It is one of Four programs at Food Helpers. Greater Washington County Food Bank focuses on distribution of the freshest, locally grown produce, providing nutritious meals instead of just calories in bulk. Healthy Habits Training Center will get involved with educational resources, providing classes and opportunities to make meaningful changes to overcome personal struggles leading to food insecurity. Country Thrift Market will continue to offer a discounted retail experience compared to available options i the area. The FARM will provide hands-on opportunities for learning to grow one's own food and becoming self-sustaining in the food supply chain.

- https://www.foodhelpers.org/foodbank

Community Outreach Program Monthly Distribution Sites. No income or residency requirements and walk ups are welcomed.

- https://www.foodhelpers.org/distributions

Greater Washington County Food Bank Senior Food Box Program (Age 60 and older and income requirement):
https://www.foodhelpers.org/seniorfoodbox

Distribution Schedule
The majority of Washington County residents who are eligible for the PA Senior Food Box Delivered have their monthly box delivered to their doorstep via DoorDash. The DoorDash partnership is eligible for all of 2022, providing convenience for seniors with travel limitations. DoorDash delivery schedule is as follows:

- Monongahela Delivery Hub occurs the 1st Monday of the month between 10 am and 12 pm
- Canonsburg Delivery Hub occurs the 2nd Monday of the month between 10 am and 2 pm
- Food Helpers Warehouse (Centerville) Hub occurs the 4th Monday between 10 am and 2 pm
- Washington Delivery Hub occures the Saturday following the 3rd Monday, between 9 am and 11 am

If you are outside of our delivery area, you can pick your box up at the following locations:

PA Senior Food Box – General Distribution Locations **(Open to 60+ who meet income requirements)**

- **Amity (Lone Pine Christian Church)** --
  582 Lone Pine Rd. Washington
  2nd Thursday of the month, 9 am -11 am

- **Avella (Avella Vol. Fire Dept.)** –
  1560 Avella Rd. Avella PA
  3rd Wednesday of the month, 9 am -11 am

- **Burgettstown (Smith Township Police Department Parking Lot.)** –
  1848 Smith Township State Rd, Slovan
  4th Wednesday of the month, 9 am -11 am

- **Hickory (Mt. Pleasant Vol. Fire Co.)** –
  106 Main St, Hickory
  3rd Monday of the month, 9 am -11 am

- **Marianna (Marianna Christian Outreach)** –
  117 1st St. Marianna
  3rd Thursday of the month, 9 am -11 am

- **Paris (Paris Presbyterian Church)** –
  127 Steubenville Pike, Burgettstown
  1st Tuesday of the month, 9 am -11 am

- **Prosperity (Park Avenue Baptist Church)** –
  3750 Park Ave, Washington
  1st Thursday of the month, 9 am -11 am

- **West Alexander (West Alexander Fairgrounds)** –
  116 Rt 40-W, West Alexander
  2nd Wednesday of the month, 9am-12pm

- **Washington (Washington Crown Center, Sear's lot)** –
  1500 W Chestnut St, Washington
  Saturday following the 3rd Monday of the month, 9:00am-12:00pm

PA Senior Food Box – Apartment and Hi-Rise Facilities **(Must be a resident of the facility)**

- **Ahepa** – DoorDashed (2nd Monday of the month, 10 am - noon)
- **Bellmead** – DoorDashed (Saturday after the Third Monday, after 11:15 am)
- **Bentley Towers** – 2nd Monday of the month at 11:30 am
- **Burgettstown Apts** – 4th Wednesday of the month at 11:15 am
- **Canon House** – 2nd Monday of the month at 9:30 am
- **Canon Apts** – 2nd Monday of the month at 9:00 am
- **Century Plaza** – DoorDashed (Saturday after the Third Monday,9 am - 11 am)

- **Char House** – DoorDashed (1st Monday of the month, 10 am - noon)
- **Crest Ave Apts** – DoorDashed (1st Monday of the month, 10 am - noon)
- **Donora Towers** – DoorDashed (1st Monday of the month, 10 am - noon)
- **Haveloch** – DoorDashed (2nd Monday of the month, 10 am - noon)
- **Heritage House** – DoorDashed (2nd Monday of the month, 10 am - noon)
- **John Lignelli Manor** -- Doordashed (1st Monday of the month, 10 am - noon)
- **Liberty Towers** – DoorDashed (2nd Wednesday of the month, 9 am - 10:30 am)
- **Mon Manor** – DoorDashed (1st Monday of the month, 10 am - noon)
- **Nathan Goff** – DoorDashed (1st Monday of the month, 10 am - noon)
- **The Oaks** – 4th Thursday of the month from 10:15-10:30 am
- **Thomas Campbell** – DoorDashed (Saturday after the Third Monday,9 am - 11 am)

Corner Cupboard Food Bank, Inc., is to feed hungry people by soliciting and judiciously distributing food and grocery products through a Greene county-wide network of food pantries and agencies, and to educate people about the nature of and solutions to the problems of hunger. They have Emergency boxes, food pantries, senior boxes and kid's bags.
881 Rolling Meadows Road, Waynesburg, PA 15370, Phone: 724-627-9784, Fax: 724-627-7860

- http://cornercupboard.org/

Corner Cupboard Pantry Locations & Distribution Times:

Aleppo-Richhill-Morris-Gray Township Pantry
Graysville Fire Hall
3rd Wednesday, 2 p.m. – 4 p.m.

Center Township Pantry
Rogersville Fire Hall
3rd Monday, 10 a.m. – 11 a.m

Cumberland Township Pantry
Carmichaels UM Fellowship Hall
3rd Thursday, 9 a.m. – 11 a.m.

Dunkard Township Pantry
Shannopin Civic Bldg., Bobtown
2nd Tuesday, 10 a.m. – 12 p.m.

Franklin Township Pantry
Greene County Fairgrounds
4th Thursday, 10:30 a.m. – 12 ap.m.

Jackson Township Pantry
Jackson Twp. Bldg., Holbrook
2nd Tuesday, 6 p.m. – 8 p.m.

Jefferson Morgan Township Pantry
Baptist Church, Jefferson
3rd Wednesday, 12 p.m. – 2 p.m.

Mon-Greene Township Pantry
Mapletown UM Church
3rd Monday, 11 a.m. – 1 p.m.

Springhill-Freeport Township Pantry
Springhill Twp. Bldg.
2nd Wednesday, 1 p.m. – 3 p.m.

Wayne Township Pantry
Wayne Twp. Bldg.
3rd Friday, 101 a.m. – 12 p.m.

Whiteley-Perry Township Pantry
Old Video Store, Mt. Morris
3rd Wednesday, 1 p.m. – 3 p.m.

The Salvation Army provides hot meals year-round for anyone in need at local Service & Worship Centers. Giant Eagle and The Salvation Army have also partnered up in **Round-Up for the Hungry** to provide needy families with fresh food.

60 East Maiden Street
WASHINGTON
Telephone: 724-225-5740

308 Schoonmaker Avenue
MONESSEN
Telephone: 724-684-4282

131 West First Street
WAYNESBURG
Telephone: 724-852-1479
Office Phone 724-852-1551 FAX

Washington Christian Outreach – Offers food, meals, clothing, and gifts. Needy or low-income persons can sign up for United Way Caring Tree, Shoes for Kids, Coats for Kid, or Thanksgiving and Christmas meals. Also operates soup kitchen (take out only) five days per week for the needy. 119 Highland Avenue, Washington, Pennsylvania 15301, dial (724) 222-0750

Washington City Mission Samaritan Care Center allows people to shop for food when needed, up to twice per month. Meals are served daily out of our new Feed My Sheep Kitchen and Dining Hall, located at: 56 West Strawberry Avenue, Washington, PA 15301

- https://www.citymission.org/

Fayette County Community Action Agency, Food Bank is Fayette County's designated warehouse for collection and storage of food for the needy. Food Bank programs include emergency food assistance for anyone who is in need, the PA Senior Food Box Program for seniors, and the Weekend Snack Pack Program, which provides children with a backpack filled with food to help fill a nutritional void.

- https://fccaa.org/programs/food-bank-programs/

Fayette County Food Pantries Locations and Times:

Berean 7th Day Adventists
110 Searights Ave., Uniontown
1st Tuesday @ 12:00-4:00

Society of St. Vincent de Paul
70 N. Mt. Vernon Ave, Uniontown
Every Friday

Connellsville Comm. Ministries
110 W. Crawford Ave, Connellsville
2nd, 3rd Tuesday and Thursday @ 9:00-2:00

Salvation Army - Uniontown
32 West Fayette St, Uniontown
Every Tuesday and Thursday @9:00 - 11:00

McClellantown Presbyterian
292 Springer Road, McClellantown
1st Tuesday @ 10:00-1:00

YWBA
624 Duck Hollow Road, Uniontown
1st Wednesday @ 11:00-1:00

East End Community Center
150 Coolspring St, Uniontown
1st Wednesday @ 1:00

Indian Creek Valley
982 Christian Center, Indian Head
1st & 2nd Wednesday @ 8:00-12:00

Caring People
Mountain Fellowship Center, RR 40, Markleysburg
1st Thursday @ 11:00-12:00

White Swan Apartments
117 W. Main St Uniontown, Uniontown
1st Thursday @ 2:00-3:00
Residents Only

Fayette County Food Pantries: (continued)

Beeson Court
125 E. Main St, Uniontown
1st Friday
PA Senior Food Box Only

The Heritage
25 W. Peter Street, Uniontown
1st Friday
PA Senior Food Box Only

Poplar Lane Court
110 New Salem Road, Uniontown
1st Friday
PA Senior Food Box Only

Mulligan Manor
700 Second Street, Brownsville
2nd Monday @ 10:30-12:00
Residents Only

South Hills Terrace
68 South Hills Terrace, Brownsville
2nd Monday @ 9:30
Residents Only

Point Marion
502 Morgantown Street, Point Marion
2nd Tuesday @ 12-1

Masontown 1st Presbyterian
102 W. Church Avenue, Masontown
2nd Wednesday @ 1:00-2:00

Surrey Hill
701 Surrey Hill Drive, Uniontown
2nd Wednesday @ 10:30-11:30
Residents Only

New Life Free Methodist
2370 Pittsburgh Road, Smock
2nd Wednesday @ 9:00-12:00

Republic Crosskeys Center
36 Fairgarden St, Republic
2nd Wednesday @ 10:00
PA Senior Food Box Only

Marshall Manor
112 E. Main Street, Uniontown
2nd Thursday @ 10:00-11:00
Residents Only

Perryopolis Ministries
203 Independent Road, Perryopolis
2nd Thursday @ 10:00-11:30

New Life Baptist
453 Pechin Road, Dunbar
2nd Thursday @ 12:00-4:00

Oak Hill Baptist
100 Old Frame Road, Smithfield
2nd Thursday @ 4:00-5:00

East Liberty
169 East Main St., Vanderbilt
2nd Thursday @ 9:00-12:00

Meadow Heights Apartments
144 N. Beeson Ave, Uniontown
2nd Thursdat @ 10:00
Residents Only

Paradise United Methodist
105 Hoke Road, Mt. Pleasant
2nd Friday @ 9:00-12:00

Belle Vernon Apartments
500 Blind Lane, Belle Vernon
2nd Friday 12-1
Residents Only

Mt. Calvary Baptist
Route 857, Morgantown Rd., Fairchance
2nd Saturday @ 10:00-12:00

Calvary United Methodist
34 Clark Street, Uniontown
2nd Friday @ 9:00-10:00

FCCAA @ St. Paul Lutheran
67 N. Gallatin Ave., Uniontown
3rd Monday @ 1:00 - 2:00

Fayette County Food Pantries: (continued)

Confer Vista
98 Confer Vista Drive, Uniontown
3rd Tuesday @ 10:00-11:00
Residents Only

Meridian Point Apartments
112 Confer Vista Drive, Uniontown
3rd Tuesday
Residents Only

Outcrop
100 Mark Drive, Smithfield
3rd Tuesday @ 10:00-11:00

Hopwood Free Methodist
118 Hopwood Coolspring Rd, Hopwood
3rd Tuesday @ 11:00-1:00

Fairchance Senior Housing
120 Fair St, Fairchance
3rd Tuesday
Residents Only

Village of Searights
301 Village of Searights, Uniontown
3rd Wednesday @ 11:00-1:00
Residents Only

St. Peters
118 Church Street, Brownsville
3rd Wednesday @ 11:00-12:30

Leisenring Presbyterian
1004 Church Street, Vanderbilt
3rd Wednesday @ 8:30-10:00

Ft. Mason Village- FMV
Fort Mason Village, Masontown
3rd Wednesday @ 9:30-11:00
Residents Only

Masontown Senior Center
22 S. Main St, Masontown
3rd Wednesday @ 11:00 - 12:00
PA Senior Food Box Only

Salvation Army - Albert Gallatin Service Unit
700 Washington St, Masontown
3rd Wednesday
Appointment Only

Laurel Estates/ Uniontown Family Homes
8 Diamond Street, Uniontown
3rd Thursday @ 2:00-4:00
Residents Only

Central Christian
23 S. Gallatin Avenue, Uniontown
3rd Thursday

Maple Gardens
114 N. Gallatin Ave, Uniontown
3rd Thursday
Residents Only

Hunters Ridge
800 Hunters Ridge, Brownsville
3rd Friday @ 10:00-11:00
Residents Only

Liberty Baptist
183 Oliver Road, Uniontown
3rd Friday @ 3:00-5:00

Fayette City United Methodist Church
4th Street, Fayette City
3rd Friday @ 9:00-12:00

St. Josephy Charity Outreach
137 Kins Point Road, Mt. Pleasant
3rd Friday @ 10:30-12:30

Pleasantview Presbyterian
533 Royal Road, Uniontown
3rd Saturday @ 10:00-11:00

Word Of Hope Tabernacle
30 Front Street, New Geneva
3rd Saturday @ 10:00-12:00

Spirit and Fire
400 Dixon Blvd, Uniontown
3rd Saturday @ 9:00-11:00

Fayette County Food Pantries: (continued)

New Salem Presbyterian
27 S. Mill Street, New Salem
3rd Saturday @ 9:00-10:00

Connellsville Senior Center
100 E. Fayette St, Connellsville
4th Monday @ 9:30
PA Senior Food Box Only

Connellsville Towers
120 E. Peach St, Connellsville
4th Monday @ 10:00
Residents Only

Riverview Apartments
315 N. Arch St, Connellsville
4th Monday @10:30
Residents Only

Mt. Vernon Towers
177 W. Main Street, Uniontown
4th Wednesday @ 10:00 - 11:00
Residents Only

Fairchance Senior Center
63 W. Church St, Fairchance
4th Wednesday
PA Senior Food Box Only

Snowden Terrace
431 Clover Street, Brownsville
4th Friday @ 10:00-11:00
Residents Only

Calvin United Presbyterian
307 Spring Lane, Brownsville
4th Saturday @ 9:30-11:00

Community Gardens:

Allison Park Elementary Community Garden
803 McGovern Rd, Houston, PA 15342

Highland ridge Neighborhood garden.
100 Forrest Avenue, Washington, PA 15301
Fred Fleet, 724-678-4225,
pres@highlandridgecdc.org

Monessen Community Garden
1614 Summit Ave., Monessen, PA 15062
Tami Ozegovich,
tozegovich@privateindustrycouncil.com

Saint Joan of Arc Church Community Garden
528 Trax Road, Finleyville, PA 15332
https://mystjoan.org

USDA Local Food Directories allows searches for Farmers Markets, Food Hubs, On-Farm Markets, Agritourism and CSA programs. https://www.usdalocalfoodportal.com/

Farmers markets: https://www.pameals.pa.gov/MealsPublic/FarmMarkets/MarketSearch.aspx

General chronic diseases (cancer, diabetes, etc.) assets

- Self-management resource center: https://www.selfmanagementresource.com/
- Living a Healthy Life with Chronic Conditions, 5th Edition: Self-Management of Heart Disease, Arthritis, Diabetes, Depression, Asthma, Bronchitis, Emphysema and Other Physical and Mental Health Conditions: https://www.bullpub.com/living-a-healthy-life-with-chronic-conditions-5th-edition.html
- The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK): https://www.niddk.nih.gov/health-information
- American Cancer Society: www.cancer.org
- Cancer Bridges: https://cancerbridges.org/

Cancer Support Community
734 15th Street NW | Suite 300
Washington, DC 20005
Phone: 1-202-659-9709
Toll-free: 1-888-793-9355
Fax: 1-202-974-7999
Providing professional programs of emotional support, education and hope for people impacted by cancer at no charge so that no one faces cancer alone.: 1-888-793-9355,
https://www.cancersupportcommunity.org/

CancerCare
22nd Floor
275 Seventh Avenue
New York, NY 10001
212-712-8400 (Administrative)
1-800-813-4673 (1-800-813-HOPE) (Responds to calls in English and Spanish)
info@cancercare.org
CancerCare provides free professional support for anyone affected by cancer. CancerCare programs include counseling and support groups, cancer education workshops, information on financial assistance, and practical help. Counseling is provided by oncology social workers and is available over the phone and face-to-face (available at offices in New York City, Long Island, New Jersey, and Connecticut). Support groups are offered online, via telephone, and in face-to-face groups. CancerCare also provides free publications, some in Spanish. Limited grants are available to eligible families for cancer-related costs like transportation and childcare. A section of the CancerCare Web site is available in Spanish.
https://www.cancercare.org/

Cancer Hope Network
Cancer Hope Network is a not-for-profit organization that provides free and confidential one-on-one support to cancer patients and their families. They provide that support by matching cancer patients and/or family members with trained volunteers who have undergone and recovered from a similar cancer experience. Through this matching process, they strive to provide support and hope, to help patients and family members look beyond the diagnosis, cope with treatment, and start living life to its fullest once again.
Phone: 877-HOPENET (467-3638)
Web site: www.cancerhopenetwork.org

Medical marijuana:
Under the law, Pennsylvania residents who have a serious medical condition as certified by an approved physician are considered medical marijuana patients. Patients register for an ID card and use that card to obtain medical marijuana at Pennsylvania dispensaries. Caregivers also are Pennsylvania residents and are designated by patients to deliver medical marijuana to them, obtained at a Pennsylvania dispensary. Caregivers register for an ID card and must complete a background check.
https://www.health.pa.gov/topics/programs/Medical%20Marijuana/Pages/Patients.aspx

Assets for Breast cancer

Another need identified that indirectly affects breast cancer includes heavy drinking. Please see this specific topic for a list of assets associated with it.

PA Breast Cancer Coalition
The PA Breast Cancer Coalition represents, supports and serves breast cancer survivors and their families in Pennsylvania through educational programming, legislative advocacy and unique outreach initiatives. The PBCC is a statewide non-profit organization that creates the hope of a brighter tomorrow by providing action and information to women with breast cancer today.
Phone: 800-377-8828
Web site: www.pabreastcancer.org

The Pennsylvania Breast & Cervical Cancer Early Detection Program is a free breast and cervical cancer early detection program of the Pennsylvania Department of Health. It is funded by the Department of Health and through a grant the department receives from the Centers for Disease Control and Prevention. Free services for those meeting the eligibility standards include:
Clinical breast examination;
Mammogram;
Pap and HPV tests; and
Follow-up diagnostic tests for an abnormal screening result.
PA-BCCEDP hotline at 1-800-215-7494.
https://www.health.pa.gov/topics/programs/Pages/PABreastandCervicalCancerEarlyDetectionProgram.aspx

FORCE: Facing Our Risk of Cancer Empowered (http://www.facingourrisk.org)
PMB #373
16057 Tampa Palms Boulevard, West
Tampa, FL 33647
1-866-288-7475 (1-866-288-RISK) (Responds to calls in English only)
info@facingourrisk.org
FORCE: Facing our Risk of Cancer Empowered is a national nonprofit organization dedicated to improving the lives of individuals and families affected by hereditary breast and ovarian cancer. FORCE offers a toll-free, peer-support helpline staffed by volunteers who can discuss issues with callers, offer referrals to resources, or match callers with another peer counselor with similar experiences. FORCE also provides access to board-certified genetic counselors to answer general questions about genetics. Publications such as newsletters, brochures, and other print materials are available on the Web site.

Living Beyond Breast Cancer (http://www.lbbc.org)
Suite 224
354 West Lancaster Avenue
Haverford, PA 19041
484-708-1550 (Responds to calls in English only); 610-645-4567 (Responds to calls in English only)
1-888-753-5222 (1-888-753-LBBC) (Survivors' Helpline) (Responds to calls in English and Spanish)
mail@lbbc.org
Living Beyond Breast Cancer (LBBC) aims to empower all women affected by breast cancer to live as long as possible with the best quality of life. LBBC provides specialized programs and services for the newly diagnosed, young women, women with advanced breast cancer, women at high risk for

developing the disease, and African American and Latina women. The LBBC Survivors' Helpline is a national, toll-free telephone service staffed by trained volunteers affected by breast cancer. Helpline volunteers offer guidance, information, and hope. Spanish-speaking helpline volunteers are available. LBBC publishes Insight (quarterly educational newsletter), provides interactive message boards, and offers comprehensive guides, brochures, and transcripts and audio recordings of conferences. LBBC also offers education programs and services to help health care professionals counsel women affected by breast cancer. The LBBC Web site is available in Spanish.

National Breast and Cervical Cancer Early Detection Program (http://www.cdc.gov/cancer/nbccedp)
Mail Stop K-64
4770 Buford Highway, NE.
Atlanta, GA 30341
1-800-232-4636 (1-800-CDC-INFO) (Responds to calls in English and Spanish)
cdcinfo@cdc.gov
The Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services. The NBCCEDP provides screening support in all 50 states, the District of Columbia, 5 U.S. territories, and 12 American Indian and Alaska Native organizations. Services provided include clinical breast examinations, mammograms, Pap tests, pelvic examinations, diagnostic testing if results are abnormal, and referrals to treatment. In 2000, Congress passed the Breast and Cervical Cancer Prevention and Treatment Act, which gives states the option to offer women in the NBCCEDP access to treatment through Medicaid. All 50 states and the District of Columbia have approved this Medicaid option. In 2001, with passage of the Native American Breast and Cervical Cancer Treatment Technical Amendment Act, Congress explained that this option also applies to American Indians/Alaska Natives who are eligible for health services provided by the Indian Health Service or by a tribal organization. The NBCCEDP's Web site provides detailed information about the program, contacts, and resource materials.
Find a Local NBCCEDP Program: (http://apps.nccd.cdc.gov/cancercontacts/nbccedp/contacts.asp)

National Breast Cancer Coalition (http://www.breastcancerdeadline2020.org/breast-cancer-information/)
Suite 1300
1101 17th Street, NW.
Washington, DC 20036
202-296-7477 (Responds to calls in English only)
1-800-622-2838 (Responds to calls in English only)
info@stopbreastcancer.org
The National Breast Cancer Coalition (NBCC) is the nation's largest breast cancer advocacy group. NBCC's sister organization, the National Breast Cancer Coalition Fund (NBCCF), empowers and trains NBCC members to take a leadership role beside legislative, scientific, and clinical decisionmakers. Once trained, these advocates represent NBCC as they influence public policies that impact breast cancer research, diagnosis, and treatment. NBCC is developing a patient-focused Web site that provides information on research, screening and risk, diagnosis and testing, treatment options, and quality of life. The NBCCF booklet, How to Get Good Care for Breast Cancer, contains essential messages about quality care and focuses on empowering patients to ask questions and learn about evidence-based care.

Reach to Recovery (http://www.cancer.org/Treatment/SupportProgramsServices/reach-to-recovery)
404-320-3333 (Responds to calls in English only)
1-800-227-2345 (1-800-ACS-2345) (Responds to calls in English and Spanish)
Reach to Recovery is an American Cancer Society (ACS) program designed to help both women and men cope with breast cancer. Trained volunteers support patients through face-to-face visits or by phone before, during, and after breast cancer treatment. Program services and activities vary depending on the location. To locate a Reach to Recovery program in your area call the toll-free number or search online at the link provided in the Additional Resources section.

Sisters Network®, Inc. (http://www.sistersnetworkinc.org)
2922 Rosedale Street
Houston, TX 77004
713-781-0255 (Responds to calls in English only)
1-866-781-1808 (Responds to calls in English only)
infonet@sistersnetworkinc.org
Sisters Network® Inc. (SNI) is a national African American breast cancer survivorship organization that addresses the breast health needs of African American women through its affiliate chapters and partnerships with existing service providers. Sisters Network has a breast cancer assistance program (B-CAP) that provides assistance to women facing financial challenges after diagnosis. The program provides financial assistance for mammograms, copays, office visits, prescriptions, and medical-related lodging and transportation. An application form to apply for assistance may be obtained by calling or sending in a request via e-mail.

Susan G. Komen for the Cure® (http://www.komen.org)
Suite 250
5005 LBJ Freeway
Dallas, TX 75244
1-877-465-6636 (1-877 GO KOMEN) (Responds to calls in English and Spanish)
Susan G. Komen for the Cure® is a grassroots network of breast cancer survivors and activists working together to save lives, empower people, ensure quality care for all and energize science to find the cures. The 1-877 GO KOMEN helpline provides free, professional support services to anyone with breast health and breast cancer concerns, including breast cancer patients and their families. Susan G. Komen for the Cure has funded research grants and community-based outreach projects that focus on breast health education and breast cancer screening and treatment for the medically underserved. Staff can respond to calls in Spanish, some publications are available in Spanish. A version of their Web site is available in Spanish.

"tlc" Tender Loving Care® (http://www.tlcdirect.org)
Post Office Box 395
Louisiana, MO 63353
1-800-850-9445 (Responds to calls in English and Spanish)
customerservice@tlccatalog.org
"tlc" Tender Loving Care is part of ACS Products, Inc., an affiliate of the American Cancer Society (ACS). It is a “magalog” (magazine/catalog) that combines helpful articles and information with products for women coping with cancer or any cancer treatment that causes hair loss. It allows women to order products for special needs that are sometimes difficult to find in the community.

Products include wigs, hairpieces, breast forms, prostheses, bras, hats, turbans, swimwear, and helpful accessories at the lowest possible prices.

Young Survival Coalition (http://www.youngsurvival.org)
Suite 2235
61 Broadway
New York, NY 10006
646-257-3000 (Responds to calls in English only)
1-877-972-1011 (1-877-YSC-1011) (Responds to calls in English only)
info@youngsurvival.org
The Young Survival Coalition (YSC) focuses on issues unique to young women who are diagnosed with breast cancer. YSC works with survivors; caregivers; and the medical, research, advocacy, and legislative communities to improve the quality of life for women age 40 and under who have been diagnosed with breast cancer. YSC's affiliate network provides peer-support and networking opportunities for young women in all stages of the treatment and recovery cycle. The Coalition also hosts teleconferences, conferences, and retreats for young women newly diagnosed with breast cancer, women diagnosed with metastatic breast cancer, and community volunteers interested in leadership development. YSC offers a SurvivorLink program that matches young women facing breast cancer with a survivor who shared a similar diagnosis. YSC also produces educational materials. Some publications are available in Spanish. Additionally, Spanish-speaking volunteers are available to serve as survivor matches in its peer-support program.

Assets for Colorectal cancer

Colon Cancer Alliance (http://www.ccalliance.org)
Suite 1066
1025 Vermont Avenue, NW.
Washington, DC 20005
202-628-0123 (Responds to calls in English only); 1-877-422-2030 (Helpline) (Responds to calls in English only); 1-866-278-0392 (Clinical Trials Matching Service) (Responds to calls in English only)
info@ccalliance.org
The Colon Cancer Alliance (CCA) is a national patient advocacy organization dedicated increasing colorectal screening rates and survivorship. CCA provides patient support, offers educational resources, focuses on advocacy work for colon cancer patients and their families, and works with other organizations to increase research funding. CCA provides a Helpline and the CCA Buddy Program, which matches survivors and caregivers with others in a similar situation for one-on-one support. CCA Chapters are available in some states.
Categories: Colorectal, Advocacy, Peer/Buddy Programs

Colorectal Cancer Control Program (http://www.cdc.gov/cancer/crccp)
Mail Stop K-64
4770 Buford Highway, NE.
Atlanta, GA 30341
1-800-232-4636 (1-800-CDC-INFO) (Responds to calls in English and Spanish)
cdcinfo@cdc.gov
The Centers for Disease Control and Prevention's (CDC) Colorectal Cancer Control Program (CRCCP) provides funding to 22 states and 4 tribal organizations across the United States until 2014. The program provides colorectal cancer screening and follow-up care to low-income men and women

age 50-64 who are underinsured or uninsured. When possible, screening services are integrated with other publicly funded health programs or clinics that serve underserved populations, such as CDC's National Breast and Cervical Early Detection Program, CDC's WISEWOMAN Program, and the Health Resources and Services Administration's Health Centers. Another component of CDC's CRCCP is to increase colorectal screening by using evidence-based strategies to promote screening. The 22 states and 4 tribal organizations that received funding are Alabama, Arizona, California, Colorado, Connecticut, Delaware, Florida, Iowa, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, New Hampshire, New Mexico, New York, Oregon, Pennsylvania, South Dakota, Utah, Washington, Alaska Native Tribal Health Consortium, Arctic Slope Native Association Screening for Life Program, South Puget Intertribal Planning Agency, and Southcentral Foundation.
Contact a Colorectal Cancer Control Program
(CRCCP):(http://apps.nccd.cdc.gov/dcpc_Programs/default.aspx?NPID=4)

Colorectal CareLine (http://www.colorectalcareline.org)
421 Butler Farm Road
Hampton, VA 23666
1-866-657-8634, option 1 (Responds to calls in English and Spanish)
CCL@patientadvocate.org
The Patient Advocate Foundation's Colorectal CareLine is a patient/provider hotline designed to provide assistance to patients who have been diagnosed with colorectal cancer and are seeking education and access to care. The Colorectal CareLine is staffed by a team of clinical case managers with both nursing and social work backgrounds who provide individualized service to colorectal cancer patients, their caregivers, and providers who are seeking information and/or assistance. Staff can help with direct appeals assistance, referrals and linkage to educational resources, referrals to co-payment programs, referrals to local, state, and/or national resources for financial assistance, and case management services to uninsured patients.

Fight Colorectal Cancer (http://www.fightcolorectalcancer.org)
Suite 204
1414 Prince Street
Alexandria, VA 22314
703-548-1225 (Responds to call in English only); 1-877-427-2111 (1-877-4CRC-111) (Responds to calls in English only)
info@fightcolorectalcancer.org
Fight Colorectal Cancer works to bring political attention to the needs of colorectal cancer patients. The organization educates and supports patients and caregivers, pushes for changes in policy that will increase and improve research, and empowers survivors to raise their voices against the status quo. Answer Line is their toll-free service that responds to questions about colorectal cancer and provides information about clinical trials. An Advocate Toolbox is available that provides the materials to get involved with colorectal cancer advocacy in your local area. Free, regularly scheduled online Webinars are available for the patient community.

Lynch Syndrome International (http://www.lynchcancers.com)
Post Office Box 5456
Vacaville, CA 95688
707-689-5089 (Responds to calls in English only)
info@lynchcancers.org

Lynch Syndrome International (LSI) provides support for individuals afflicted with Lynch syndrome (a hereditary disorder that places a person at higher risk of developing colorectal cancer, endometrial cancer, and various other types of aggressive cancers), increases public awareness of the syndrome, educates members of the general public and health care professionals, and provides support for Lynch syndrome research endeavors. LSI is an all volunteer organization founded and governed by Lynch syndrome survivors, their families, and health care professionals who specialize in Lynch syndrome. The LSI Web site has comprehensive information on diagnosis, treatment, and follow-up issues for people with Lynch Syndrome.

Assets for COPD:

Another need identified that directly impacts COPD deaths is tobacco use. Please see that specific topic for a list of assets associated with it.

Internet:

- American Lung association https://www.lung.org/help-support/better-breathers-club
- http://www.nhlbi.nih.gov/health/public/lung/copd/index.htm
- https://www.nhlbi.nih.gov/resources/copd-learn-more-breathe-better-breathing-better-copd

The COPD Foundation is a patient-centered organization committed to preventing COPD, bronchiectasis, and nontuberculous mycobacterial (NTM) lung disease, and to seeking cures while improving lives and advocating for all affected.
https://www.copdfoundation.org/

COPD International's site has been organized and staffed by individuals who have been diagnosed with COPD, caregivers and other individuals interested in COPD. Designed to help you learn to control this disease instead of letting it control you, it's primary purpose is to provide a complete resource for patients, caregivers and family, through interactive support and education.
http://www.copd-international.com/

Emphysema Foundation For Our Right To Survive has collected COPD news and resources including videos, books, advocacy tips, trials, and studies. Living with COPD, while a change in lifestyle, is not a death sentence.
http://www.emphysema.net/bindex.asp

Assets for Coronary heart disease

Other needs identified that directly impact coronary heart disease deaths are: meeting physical activity and muscle-strengthening recommendations; heavy drinking; tobacco use; and diabetes. Please see these specific topics for a list of assets associated with them.

<u>Healthy eating:</u>
Internet:

- The National Institutes of Health Interactive Menu Planner
  https://www.nhlbi.nih.gov/health/educational/lose_wt/menuplanner.html
- Office of disease prevention and Health Promotion
  https://health.gov/myhealthfinder/healthy-living

- Welcome to Your Disease Risk, the source on prevention. Find out your risk of 12 cancers and 6 other important chronic diseases - and get personalized tips for preventing them.
  http://www.yourdiseaserisk.wustl.edu/

- USDA MyPlate.gov is based on the Dietary Guidelines for Americans, 2020-2025
  https://www.myplate.gov/

- On Nutrition Data, you'll find detailed nutrition information, plus unique analysis tools that tell you more about how foods affect your health and make it easier to choose healthy foods.
  www.nutritiondata.com

- Food and Nutrition Information Center (FNIC) provides information about food and human nutrition for the professional community as described in the Food and Agriculture Act of 1977 (Farm Bill).
  www.nal.usda.gov/fnic/

- Discover how to maintain a healthy lifestyle through diet and regular exercise with Penn State Extension. In addition, find tips and advice on managing your weight, preventing diseases, and caring for your family.
  http://extension.psu.edu/healthy-lifestyles

- Heart healthy recipes from American Heart Association
  https://recipes.heart.org/en/

Assets for Diabetes

Another need identified that directly impact diabetes deaths is tobacco use. Please see this specific topic for a list of assets associated with it.

local:

American Diabetes Association
http://www.diabetes.org/in-my-community/
Western Pennsylvania
P.O. Box 7023
Merrifield, Virginia 22116-7023
ADAWestPA@diabetes.org; (412) 824-1181

Internet:

- **American Association of Diabetes Educators:** www.diabeteseducator.org
  To help locate Certified Diabetes Educators and diabetes education programs in local areas.
  https://www.diabeteseducator.org/living-with-diabetes/find-an-education-program
- **PA State Website**
  https://www.health.pa.gov/topics/disease/Pages/Diabetes.aspx
- Online diabetes coach (Novo-Nordisk)
  https://www.cornerstones4care.com/about-diabetes/making-your-care-plan-work/diabetes-health-coach.html
- National Diabetes Educational Program: https://www.niddk.nih.gov/health-information/diabetes

Assets for Diving alone to work

- PA Department of Transportation Ridesharing resources
  https://www.penndot.pa.gov/TravelInPA/Ridesharing/Pages/default.aspx

- From transit to carpooling, vanpooling to biking, we can provide the information and resources you need to choose the right route for you.
  https://commuteinfo.org/

Assets for Injury

Since the drug overdose death rate measure as well as the suicide measure are included in this measure and are major drivers of it and are discussed elsewhere, only motor vehicle traffic and falls deaths will be discussed in this section. Please see those specific topics for a list of assets associated with them. Also, since driving under the influence contributes to many motor traffic vehicle deaths, please also see Substance abuse assets.

- The mission of Mothers Against Drunk Driving (MADD) is to end drunk driving, help fight drugged driving, support the victims of these violent crimes, and prevent underage drinking.
  https://www.madd.org/

- SADD empowers and mobilizes students and adult allies to engage in positive change through leadership and smart decision-making.
  https://www.sadd.org/

- PA Department of Education Institute for Law Enforcement Education, sobriety checkpoints
  https://www.education.pa.gov/Postsecondary-Adult/ILEE/Courses/Alcohol/Pages/Sobriety-Checkpoints-PAONLY.aspx

- The PA Ignition Interlock Program
  PA DUI laws call for a one-year driver's license suspension for repeat DUI offenders, and the state also requires those drivers to install an ignition interlock PA approves. The state takes a tiered approach to DUI offenses, with progressively larger penalties for repeat offenders

  First-time offenders who need to drive but have had their license suspended can apply for an Occupational Limited License (OLL) after 60 days of their suspension is served. Repeat offenders can also apply but must wait 12 months into the suspension period. To be granted an OLL, they must install an ignition interlock device.
  https://www.intoxalock.com/pennsylvania?utm_source=bing&utm_medium=cpc&utm_campaign=PennsylvaniaBrand&ixphone=844-698-8645&ixkeyword=%2Bintoxalock&ixsrc=BingAds_Pennsylvania&&msclkid=d8fe8d0aed711abb7e74efb1d007c8c9&utm_source=bing&utm_medium=cpc&utm_campaign=z_Pennsylvania-%20Brand&utm_term=%2Bintoxalock&utm_content=Branded%20-%20Broad&gclid=d8fe8d0aed711abb7e74efb1d007c8c9&gclsrc=3p.ds

- PA State Police offer designated walk in days for a certified child safety seat technician to install or simply double check that the safety seat is installed correctly. At the safety seat check, a trooper will explain how to correctly install the seat, correct any errors in the installation, and provide information on best practices when it comes to installation and use of the seat. The

checks are free of charge. The public can call their local state police barracks to arrange an appointment or check availability if the below days are not convenient.
https://www.psp.pa.gov/public-safety/Pages/child-seat-checks.aspx

- This "how-to" guide is designed for community-based organizations who are interested in implementing their own evidence-based fall prevention programs. This guide is designed to be a practical and useful tool, and it provides guidelines on program planning, development, implementation, and evaluation.
https://www.cdc.gov/falls/programs/community_prevention.html

- Sept. 22 – Penn Highlands Healthcare and others across the U.S. bring attention to falls with National Falls Prevention Awareness Day.
https://www.phhealthcare.org/news/penn-highlands-healthcare-news/falls-prevention

- Falling is not a normal part of aging. You can prevent falls by doing the right exercises, making your home safer, getting regular health checkups, and more. Learn steps you can take to stay safe.
https://www.ncoa.org/older-adults/health/prevention/falls-prevention

- As healthcare facilities continually look to strengthen their falls prevention programs and respond to the high-risk problem of persistent patient falls, evaluation of falls events can provide additional opportunities to address this organization-wide challenge. The adoption of standardized strategies to reduce falls risk—including ongoing education about safe patient handling practices, handoff communications, and use of an assessment tool or checklist—helps to identify patient risk factors and could mitigate injurious patient falls.
http://patientsafety.pa.gov/EducationalTools/PatientSafetyTools/falls/Pages/home.aspx

- The Pennsylvania Department of Aging offers this fall risk screening and prevention program to adults 60 years of age and older. The program is designed to raise awareness of falls, introduce steps on how to reduce falls, improve overall health, and provide referrals and resources. The program is taught by Certified Workshop Leaders and consists of two workshops, approximately 2-hours each in length, held on one day or two days within the same week. It is available in both English and Spanish.
https://www.aging.pa.gov/aging-services/health-wellness/Healthy%20StepsFallPrevention/Pages/default.aspx

Assets for Lung cancer

Another need identified that directly impacts lung cancer deaths is tobacco use. Please see this specific topic for a list of assets associated with it.

- Foundation for Lung Cancer

https://go2foundation.org/
2033 K Street NW, Suite 500
Washington, DC 20006
1-800-298-2436
Founded by patients and survivors, GO2 Foundation for Lung Cancer, transforms survivorship as the world's leading organization dedicated to saving, extending, and improving the lives of those vulnerable, at risk, and diagnosed with lung cancer. We work to change the reality of living with lung cancer by ending stigma, increasing public and private research funding, and ensuring access to care.

- Lung Cancer Center is here to provide the information and resources you need to understand the diagnosis. Are you a patient, loved one, caregiver, or even just a student? Learn more about what a lung cancer diagnosis means and the best way to fight it medically and legally. Breathe easier, with us on your side.
  https://www.lungcancercenter.com/news/resources/

- American Lung association

- Use the search form below to find lung cancer screening centers accredited by the American College of Radiology. Facilities: To verify the accreditation status of specific units within your imaging facility, please call 1-800-770-0145
  https://www.acraccreditation.org/accredited-facility-search

Assets for Stroke:

Other needs identified that directly impact coronary heart disease deaths are: meeting physical activity and muscle strengthening recommendations; heavy drinking; and tobacco use. Please see these specific topics for a list of assets associated with them.

- American Stroke Association
  https://www.stroke.org/
- Stroke Awareness Foundation
  https://www.strokeinfo.org/
- NIH Know Stroke
  http://stroke.nih.gov/materials/needtoknow.htm
- CDC Division for Heart Disease and Stroke Prevention
  Worksites wellness score http://www.cdc.gov/dhdsp/pubs/docs/HSC_Manual.pdf
  http://www.cdc.gov/dhdsp/index.htm
- Million Hearts® is a national initiative to prevent 1 million heart attacks and strokes within 5 years. It focuses on implementing a small set of evidence-based priorities and targets that can improve cardiovascular health for all.
  https://millionhearts.hhs.gov/index.html

Assets for Suicide and Depressive disorder:

Local:

Life can be confusing when you need to find behavioral health services. Fayette County Behavioral Health Administration (FCBHA) is here to make sure you can find the best behavioral health programs and services to meet your individual and family needs.
Fayette County Behavioral Health Administration
215 Jacob Murphy Lane
Uniontown, PA 15401
Phone: 724-430-1370; Fax: 724-430-1386
Emergency: 724-437-1003
https://www.fayettecountypa.org/264/Behavioral-Health
http://fayette.pa.networkofcare.org/mh/

Greene County Human Services
Fort Jackson Building
49 South Washington Street, 3rd floor
Waynesburg, PA 15370
Phone: 724-852-5276; Fax: 724-627-0785
Email: bfuller@co.greene.pa.us
Hours of Operation: M-F, 8:30AM to 4:30 PM
The 24-hour Mental Health Crisis Hotline Number is 1-800-417-9460. You may also call 911 for Mental Health Emergencies.
Crisis Walk-Ins are also available at Center for Community Resources (CCR), located at 82 High Street Waynesburg, PA 15370, Mondays through Fridays from 8:30 a.m. to 4:30 p.m.
https://www.co.greene.pa.us/Department-Mental-Health-Program
https://www.co.greene.pa.us/resources/12276
https://www.co.greene.pa.us/resources/12277

The Washington County Behavioral Health and Developmental Services (BHDS) of Washington County offers a continuum of behavioral and developmental health services for children, adolescents, adults, older adults, and transition age youth utilizing its system of providers funded either directly through the BHDS office or through Beacon Health Options.
Emergency and Crisis Services
Washington County Crisis Line, 1 877-225-3567
https://www.washingtoncountyhumanservices.com/agencies/behavioral-health-developmental-services

Westmoreland County Behavioral Health and Substance Abuse Service System
Westmoreland County BH/DS
40 N Pennsylvania Ave
Greensburg, PA 15601
Ph: (724) 830-3617
Referral & Intake to Services: Westmoreland Case Management & Supports Inc. 1-800-353-6467
24 Hour Crisis Hotline (800) 836-6010
https://www.co.westmoreland.pa.us/843/Behavioral-Health

Ray of Hope is Westmoreland County's Suicide Awareness and Prevention Task Force. We believe suicide is preventable and that suicide prevention works.
https://www.rayofhopewestmoreland.org/
https://www.rayofhopewestmoreland.org/survivors-support/

Internet:

- Prevent Suicide PA
  Call 1-800-273-TALK or 1-800-SUICIDE (1-800-784-2433)
  https://www.preventsuicidepa.org/

- The National Suicide Prevention Lifeline, funded by the Federal Government. It provides immediate assistance to individuals in suicidal crisis by connecting them to the nearest crisis center in their area.
  800-273-8255
  988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline. While some areas may be currently able to connect to the Lifeline by dialing 988, this dialing code will be available to everyone across the United States starting on July 16, 2022.
  http://www.suicidepreventionlifeline.org/

- **The American Association of Suicidology** has a comprehensive listing of crisis centers as well as a national directory of support groups for survivors of suicide. http://www.suicidology.org/

- **American Foundation for Suicide Prevention** is a national organization with information on suicide prevention programs and support for people who have lost a loved one to suicide. http://www.afsp.org/

- **LivingWorks Education Inc.** LivingWorks has been helping communities become suicide-safer since 1983. Their programs are part of national, regional and organizational suicide prevention strategies around the world. Developed using Rothman's Social R&D Model, their programs prepare community helpers to intervene and prevent suicide. These learning experiences are interactive, practical, regularly updated and customizable. Comprehensive, layered and integrated, there is a program for everyone who wants to help. http://www.livingworks.net/

- **The QPR Institute** offers comprehensive suicide prevention training programs and educational and clinical materials for the general public, professionals, and institutions. Please also refer to our online training page for more information. http://www.qprinstitute.com/

- **Mindwise** offers organizations the tools to provide screening and education for today's most pressing mental health problems: depression, bipolar disorder, alcohol problems, generalized anxiety disorder and post traumatic stress disorder. They also offer suicide prevention programs across the lifecycle and programs that help government agencies address disaster mental health.
  https://www.mindwise.org/

- **Substance Abuse and Mental Health Services Administration (SAMHSA)** The Substance Abuse and Mental Health Services Administration (SAMHSA) has established a clear vision for its work -- a life in the community for everyone. To realize this vision, the Agency has sharply focused its mission on building resilience and facilitating recovery for people with or at risk for mental or substance use disorders. SAMHSA is gearing all of its resources -- programs, policies and grants -- toward that outcome. https://www.samhsa.gov/programs

- **The Suicide Prevention Resource Center (SPRC)** supports suicide prevention with the best of science, skills and practice. The Center provides prevention support, training, and informational materials to strengthen suicide prevention networks and advance the National Strategy for Suicide Prevention. http://www.sprc.org/

- **National Mental Health Consumers' Self-Help Clearinghouse** connects people to self-help and advocacy resources and offer expertise to and about peer-run groups and organizations that serve people who have been diagnosed with mental illnesses. http://www.mhselfhelp.org/

- **Suicide Anonymous** is based on the Twelve Steps of Alcoholics Anonymous. This is a program designed to help people with suicidal preoccupation and behavior. http://www.suicideanonymous.net/

- **Active Minds on Campus** is the nation's only peer-to-peer organization dedicated to the mental health of college students. The organization serves as "the young adult voice" in mental health advocacy on more than fifty college campuses nationwide. https://www.activeminds.org/

- **The Jason Foundation, Inc** The mission of The Jason Foundation, Inc. is to help educate young people, parents, teachers, and others who work with young people about youth suicide. They offer programs, seminars and support materials to promote awareness and prevention. http://www.jasonfoundation.com/

- **The Jed Foundation** is a nonprofit public charity committed to reducing the youth suicide rate and improving the mental health safety net provided to college students nationwide. http://www.jedfoundation.org/

- **Suicide Awareness Voices of Education (SAVE)** SAVE's mission is to prevent suicide through public awareness and education, eliminate stigma and serve as a resource to those touched by suicide http://www.save.org/

- **Yellow Ribbon Suicide Prevention Program** is a community-based program that uses a universal public health approach, offering workshops and services for schools, community organizations and parents. http://www.yellowribbon.org/

- **Riding the Waves** is developmentally appropriate for 5th grade students and taught by elementary school counselors. Lessons address healthy emotional development, depression, and anxiety. This curriculum's overarching goal is to build the emotional skills within children to prevent suicide at it's earliest stages. https://www.crisisconnections.org/get-training/schools/

- **The Youth Suicide Prevention School-Based Guide** is designed to provide accurate, user-friendly information. The Guide is not a program but a tool that provides a framework for schools to assess their existing or proposed suicide prevention efforts (through a series of checklists) and provides resources and information that school administrators can use to enhance or add to their existing program. http://theguide.fmhi.usf.edu/

Depression Resources

- **The American Association for Marriage and Family Therapy (AAMFT)** is the professional association for the field of marriage and family therapy representing the professional interests of more than 23,000 marriage and family therapists throughout the United States, Canada and abroad. http://www.aamft.org/

- **The American Counseling Association** is a not-for-profit, professional and educational organization that is dedicated to the growth and enhancement of the counseling profession. http://www.counseling.org/

- **American Counselors Mental Health Association** The mission of the AMHCA is "To enhance the profession of mental health counseling through licensing, advocacy, education and professional development." http://www.amhca.org/

- **The American Psychiatric Association** is a medical specialty society recognized worldwide. Over 35,000 U.S. and international member physicians work together to ensure humane care and effective treatment for all persons with mental disorders, including mental retardation and substance-related disorders. Its vision is a society that has available, accessible quality psychiatric diagnosis and treatment. http://www.psych.org/

- **American Psychological Association.** Based in Washington, DC, the American Psychological Association (APA) is a scientific and professional organization that represents psychology in the United States. With 150,000 members, APA is the largest association of psychologists worldwide. http://www.apa.org/

- **ClinicalTrials.gov** ClinicalTrials.gov is a registry of federally and privately supported clinical trials conducted in the United States and around the world. ClinicalTrials.gov gives you information about a trial's purpose, who may participate, locations, and phone numbers for more details. This information should be used in conjunction with advice from health care professionals. http://clinicaltrials.gov/

- **Depression and Bipolar Support Alliance (DBSA)** provides information and available resources including support groups for depression and bipolar disorder. http://www.dbsalliance.org/

- **Families for Depression Awareness** This is a non-profit organization dedicated to helping families recognize and cope with depressive disorders. The organization provides education, outreach, and advocacy to support families and friends. Families for Depression Awareness is made up of families who have lost a family member to suicide or have watched a loved one suffer with depression. http://www.familyaware.org/

- **The Glendon Association** is an organization whose mission is to save lives and enhance mental health by addressing the social problems of suicide, child abuse, violence, and troubled interpersonal relationships. They conduct research and share what they know through various workshops, publications, and educational documentaries. http://www.glendon.org/

- **Mental Health America** (formerly known as the National Mental Health Association). MHA is the country's leading nonprofit dedicated to helping ALL people live mentally healthier lives. http://www.nmha.org/

- **National Alliance on Mental Illness (NAMI)**. NAMI is the nation's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. http://www.nami.org/.

- **National Association of Cognitive-Behavioral Therapists**. The NACBT is the leading organization dedicated exclusively to supporting, promoting, teaching, and developing cognitive-behavioral therapy and those who practice it. http://www.nacbt.org/.

- **National Institute of Mental Health's (NIMH) Outreach Partnership Program**. https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml https://www.nimh.nih.gov/health/topics/depression/index.shtml

- **No Kidding, Me Too! Removing the Stigma from Mental Illness**. No Kidding, Me Too! is an organization whose purpose is to remove the stigma attached to brain dis-ease through education and the breaking down of societal barriers. Their goal is to empower those with brain dis-ease to admit their illness, seek treatment, and become even greater members of society. http://www.nkm2.org/.

- The Pennsylvania Youth Suicide Prevention Initiative and the Pennsylvania Adult/Older Adult Suicide Prevention Coalition are striving to raise awareness about suicide and its prevention so that fewer Pennsylvanians experience the pain and grief resulting from the suicide death of a loved one. To learn more about OMHSAS Initiatives, visit www.parecovery.org

- Mental Health Association in Pennsylvania The Mental Health Association in Pennsylvania, which reflects the ethnic and cultural diversity of the Commonwealth, works on behalf of mental health through advocacy, education and public policy. https://mhapa.org/

- Pennsylvania Mental Health Consumers' Association is a statewide membership organization representative of the individual and collective expression of people who have recovered or are recovering from mental illness. http://www.pmhca.org/

GLBTQ (Gay, Lesbian, Bisexual, Transgendered, Questioning) Resources

- **The Trevor Helpline** This is a national 24-hour, toll-free suicide prevention hotline aimed at gay and questioning youth. Calls are handled by highly trained counselors and are free and confidential. http://www.thetrevorproject.org/
- **Gay, Lesbian, Bisexual and Transgender (GLBT) National Hotline,** a program of the www.GLBTNationalHelpCenter.org - Toll-free hotline: 1-888-843-4564

Gay, Lesbian, Bisexual and Transgender (GLBT) National Hotline Youth Talkline, a program of the GLBT National Help Center - www.YouthTalkline.org - Toll-free hotline: 1-800-246-PRIDE (1-800-246-7743).

- **The Gay, Lesbian and Straight Education Network**, or GLSEN, is working to ensure safe and effective schools for all students. www.glsen.org

Survivor of Suicide Resources

- **Survivors of Suicide** The purpose of Survivors of Suicide is to help those who have lost a loved one to suicide resolve their grief and pain in their own personal way. http://www.survivorsofsuicide.com/

- **The Link National Resource Center** is a leading resource in the country for suicide prevention and aftercare. It is dedicated to reaching out to those whose lives have been impacted by suicide and connecting them to available resources. 404-256-2919. https://www.thelink.org/

- **The Dougy Center National Center for Grieving Children and Families** is the first center in the United States to provide peer support groups for grieving children. http://www.dougy.org/

- **Friends for Survival, Inc.** A National Outreach Program for Survivors of Suicide Loss Friends for Survival, Inc. is an organization of people who have been affected by a death caused by suicide. They are dedicated to providing a variety of peer support services that comfort those in grief, encourage healing and growth, foster the development of skills to cope with a loss and educate the entire community regarding the impact of suicide. http://www.friendsforsurvival.org/

- QPR Gatekeeper Training: *Three simple steps that can save a life.* https://qprinstitute.com/individual-training
  A **"Gatekeeper"** is someone in the position to recognize a crisis and the warning signs that someone may be contemplating suicide. Gatekeepers include parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, fire fighters and many others who are strategically positioned to recognize and refer someone at risk of suicide.

- Applied Suicide Intervention Skills Training (ASIST) http://www.sprc.org/resources-programs/applied-suicide-intervention-skills-training-asist
  ASIST is similar to QPR, but this training program offers more in-depth intervention tactics. The aim of **ASIST** is to teach caregivers the necessary skills to provide emergency psychological first aid in situations involving suicidal behavior. The emphasis of the **ASIST** workshop is on suicide first aid, on helping a person stay safe and seek further help. The program is conducted over two days. People trained in **suicide prevention** learn how to recognize the warning signs of a suicide crisis and how to offer hope and help someone, often saving their life.

Assets for Unemployment:

- The Unemployment Compensation (UC) program provides temporary income support if you lose your job through no fault of your own or if you are working less than your full-time hours. If you qualify, you will receive money for a limited time to help you meet expenses while you seek new employment. To be eligible for UC benefits, you must be a worker who performed services that are covered by the Pennsylvania UC Law.
  https://www.uc.pa.gov/unemployment-benefits/Pages/default.aspx

- PA 211 Southwest provides information on Employment Support: financial assistance, job training, education programs. Help is available 24 hours a day, seven days a week by calling 2-1-1 (or 1-888-553-5778). TTY and language services are available in more than 170 languages and dialects.
  https://pa211sw.org/